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ISC Nursing Workforce Survey

Final Report

Prepared for Indigenous Services Canada

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Canada

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Supplier name: EKOS RESEARCH ASSOCIATES INC.

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This public opinion research report presents the results of an online survey conducted by EKOS Research Associates Inc. on behalf of Indigenous Services Canada (ISC). The research study was conducted with 322 nurses working between December 2019 and February 2020.

Cette publication est aussi disponible en français sous le titre : Sondage sur la main d'œuvre en soins infirmiers de Services aux Autochtones Canada (SAC).

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EXECUTIVE SUMMARY

A. BACKGROUND AND OBJECTIVES

Indigenous Services Canada’s (ISC) vision is to support and empower Indigenous peoples to independently deliver services and address the socio-economic conditions in their communities. This includes the delivery of sustainable, Project Authority-centered, quality healthcare services to Indigenous communities. In the context of community healthcare, this is only possible if the department is able to stabilize its nursing workforce. Stabilizing this workforce is essential to improve the continuity and quality of care in First Nations communities. Supporting and growing Indigenous nurses’ representation is also essential to a stable and sustainable nursing workforce, to position these services for transfer to First Nations’ management and control.

Primary Health Care Systems Division (PHCSD) conducted the current nursing workforce survey in follow up to the two surveys conducted in 2002 and 2006. The survey focused on existing ISC employed nurses across Canada. As in the previous two surveys, a mix of online and telephone surveys were used to ensure a high rate of participation. The specific objectives of the 2019 nurses’ workforce survey were to:

- Gather current information on the existing ISC nurses’ demographics, job satisfaction and future employment intentions, in order to
- Determine the impact of retention and recruitment initiatives on nurses’ job satisfaction based on the following criteria: healthy workplace, workload, work-life balance, career progression, professional development, safety and security, leadership training;
- Compare the ISC nursing workforce to the national nursing workforce statistics (i.e. Canadian Institute for Health Information) for nurses working in: A) rural, remote and isolated communities; and, B) Indigenous communities across Canada; and,
- To outline key findings and recommendations for future nursing human resource planning.

The results of the survey will be used to:

- Improve upon the current Nursing Retention & Recruitment Strategy (NRRS) initiatives including targeted marketing strategies;
- Inform human resource planning over the next three to five years; and,
- Inform the process for transfer of healthcare delivery.

B. METHODOLOGY

Following programming and translation of the survey it was tested with 15 nurses. A number of small changes were subsequently made to clarify a few questions and the survey was launched online on December 16, 2019. An advance information letter had been sent by ISC the week before the launch. The survey collection spanned December 16, 2019 to February 10, 2020, including five follow-up emails to non-responding nurses, as well as a minimum of four reminder calls where a telephone number was listed. The union and regional supervisors, as well as a number of internal committees at ISC were also engaged in posting information and sending reminders to nurses about the survey to ensure the survey was communicated as widely as possible.

During the calling to place telephone reminders it became apparent many nurses could not be reached at a telephone number unique to them. Messages in this case were left with supervisors. In a few cases this was not possible since many nurses were associated with one central telephone number. This was largely focused in the Manitoba Region, where participation was significantly lower than in other regions.

A total of 322 of the 579 nurses at ISC participated in the survey. Of these, 275 participated online. The overall response rate was 56%. Appendix A provides details of the response rate by region. The survey questionnaire can be found in Appendix B.

C. KEY FINDINGS

Education

Most of the 322 nurses responding to the survey have an undergraduate degree as their highest nursing education level, including a Bachelor of Science in nursing (BScN) or a Bachelor of Nursing (BN) (64%). The remainder have a Masters in nursing (18%) or a RN College Diploma (18%).

Employment

One-third have been working as nurses for 25 years or more. Another 31% have been a nurse for 15 to 25 years, and 28% have been employed as a nurse for 5 to 15 years. Only 7% have been working as a nurse for fewer than five years. In terms of employment with ISC specifically, 36% of respondents have been with ISC for fewer than 5 years and the majority (61%) are working full time.

Over half of nurses responding to the survey are employed as a Clinician or in clinical care. One in five are in management while 14% are practice advisors.

Workplace

Most nurses either work at a Nursing Station (39%) or a Regional, Zone, or Branch Office (38%). Far fewer are located in a Health Centre either without a treatment component (nine percent) or with a treatment component (eight per cent). This is compared with 43% working in a Nursing Station and 23% in a Regional, Zone or Branch office in 2006. Just over one in ten are registered as a Nurse Practitioner.

Recruitment and Retention

The majority were first attracted to their job because of the opportunity to work with a diverse culture (78%). Over half were first attracted by the job because of the autonomy in nursing practice. While 58% were attracted to the job because of a desire to work in remote or rural settings, fewer (42%) continue to stay for this reason.

One-third of nurses in the survey plan to leave their current employer in the next three years and another one in five are not sure. Of those planning to leave, one-quarter expect to leave within the year. Although 44% are planning to retire, about one in five are leaving because they are dissatisfied with their current position (21%) or for a different job (17%). Over half of all nurses responding to the survey agree the quality of their work suffers because of high staff turnover.

Job Satisfaction

About six in ten of the nurses responding to the survey are satisfied with their ability to deliver quality care or feel they are valued at work. Fewer of the nurses responding to the survey are satisfied with their support on the job. Less than half are satisfied with the feedback and support they receive from nursing management (46%) or the physical maintenance at their work facility (42%). Just over one-quarter are satisfied with the number of allied health professionals or support staff at their workplace, including technical staff, or the number of healthcare and para-professional staff on duty to provide quality care, with considerably larger proportions who are dissatisfied. Across each of these areas, results are weaker among clinicians, those working in a nursing stations, and in the Ontario Region. In terms of allied health professionals or support staff, those working in nursing stations and in the Ontario region more often pointed to security staff, facility maintenance or IT staff as sources of dissatisfaction.

Half of nurses participating in the survey agree they have opportunities to provide input into decisions affecting their work. Satisfaction with the opportunities to participate in policy and

practice decisions is even lower, with as many nurses indicating they are dissatisfied as are satisfied (38% each). Again, employees working in Nursing Stations, and in the Ontario Region expressed less satisfaction in these areas.

One in three nurses participating in the survey say they regularly have a high level of work-related stress. The top sources of stress are heavy workload (56%), not enough employees to do the work (53%), and lack of support and technical staff (51%). Virtually all of the sources of stress are more likely to be reported by staff working in Nursing Stations. Six in ten are satisfied with their family and work life balance. Results are similarly low among employees in the Ontario Region.

Slightly over half of nurses in the survey are satisfied with the current opportunities for professional development or continuing education, although 26% are dissatisfied. Half of nurses are satisfied with the amount of pay, including base pay and allowances, at their current workplace while slightly more (59%) are satisfied with the amount of benefits, including health and dental coverage they receive. Seven in ten have experienced pay or other compensation issues within the past three years. Those working in Nursing Stations, and in some areas, in the Ontario Region, expressed less satisfaction in these areas.

Adequacy of Communications

There is modest satisfaction with the communication received, including being informed by the immediate supervisor (57%), Regional Office (46%), or National Office (30%). About seven in ten say they currently communicate in their preferred method of communication, notably through work or personal email.

Information Management and Technology

Relatively few nurses responding to the survey are satisfied with the reliability of access to the internet (36%), IT equipment (27%), medical or diagnostic equipment (24%), or training to use computers or software (20%). Just over half of nurses agree their quality of work suffers due to a lack of access to technology. Adding to this dissatisfaction, 44% say it is difficult to submit a request for IT support. Results are generally much poorer among clinicians, those working in Nursing Stations, and individuals in the Ontario and Manitoba regions. Results are weakest among employees working in Nursing Stations where work is more likely to suffer as a result of lack of access to technology, and satisfaction with IT equipment, medical/diagnostic equipment Internet access, training and support to resolve IT issues are lower than reported by other employees.

Safety and Security

A list of factors have had an adverse impact on a sense of personal safety and security at work, according to nurses in the survey. These primarily include the physical work environment (47%), not enough staff (46%), the level or quality of staff (41%), and verbal (30%) or physical (16%) threats from patients or family members. The majority of nurses say they are aware of the Occupational and Critical Incident Stress Management (OCISM) resources (91%) or have participated in Nursing Safety Awareness Training (NSAT) (72%).

TRC Calls to Action

Six in ten nurses responding to the survey have been informed about the Truth and Reconciliation (TRC) Calls to Action, although only 15% feel they have experienced any changes to their workplace as a result of the TRC Calls to Action.

Indigenous Traditional Health Knowledge Exchange

Nearly three in four of nurses responding to the survey have a strong understanding of the terms Indigenous cultural awareness, safety and humility. Over one-quarter have access to language interpreters all or most of the time and 16% have access some of the time, although access is much greater in Nursing Stations than in other locations, and least so in Regional, Zone or Branch offices. One in five are satisfied with the opportunities and support to incorporate traditional medicine into their nursing practice.

D. NOTE TO READERS

Detailed findings are presented in the following sections. Overall results are presented in the main portion of the narrative and are typically supported by graphic or tabular presentation of results. Bulleted text is used to point out any statistically and substantively significant differences between sub-groups of responding nurses.

The study attempted to include all ISC employed nurses in the study. Therefore, since no random sample was selected, no margin of error should be applied to the final sample in describing the results. In order to preserve confidentiality no results are reported for groups smaller than 20, nor are individual results reported where they represent fewer than 10 nurses (i.e., cell sizes smaller than 10). If sub-group differences are not noted in the report, it can be assumed they are either not substantively significant in their variation from the overall result or the difference was deemed to be substantively too small to be noteworthy. While results for all questions, including breakdowns of results by region, type of work unit and other key segments can be found as a companion to the report, Appendix C also presents key results where there are statistically

significant and substantive differences by region, following the same thematic flow as presented in the body of the report.

Results for the proportion of respondents in the sample who either said “don’t know” or did not provide a response are not indicated in the graphic representation of the results in all cases, particularly where they are not sizable (e.g., 10% or greater). Results may also not total to 100% due to rounding.

Where applicable results are compared with the 2006 survey findings. Two points should be noted when interpreting the current results with the 2006 results: 1-In the case of a handful of scaled items, in 2006 a seven point scale was used, although more recently, surveys have employed a five point scale in an effort to be more mobile friendly; 2-In 2006, a much larger portion of the sample was conducted by telephone (40%) compared with the current survey (14%). This may result in a difference in results because of the mode of the collection of responses. For example, results collected by telephone are sometimes more positive because of the presence of the interviewer. For these two reasons, comparing results with the 2006 study should be interpreted with caution. Further analysis of the complete data tables will be done within Indigenous Services Canada. This analysis may produce more specific information and break downs which are not found in this report. For further information on the in-depth analysis, please contact aandc.infopubs.aadnc@canada.ca.

E. CONTRACT VALUE

The contract value for the POR project is \$53,541.81 (including HST).

Supplier Name: EKOS Research Associates

PWGSC Contract Number: 5A090-193311/001/CY

Contract Award Date: November 27, 2019

To obtain more information on this study, please e-mail communicationspublications@canada.ca

F. POLITICAL NEUTRALITY CERTIFICATION

I hereby certify as Senior Officer of EKOS Research Associates Inc. that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Communications Policy of the Government of Canada and Procedures for Planning and Contracting Public Opinion Research. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate, or ratings of the performance of a political party or its leaders.

Signed by:



Susan Galley (Vice President)

DETAILED FINDINGS

A. SAMPLE CHARACTERISTICS

Following is a breakdown of the 322 nurses responding to the survey by region and age group, as well as by gender, and Indigenous status. Results presented in this table and the remainder of the report are weighted by region to reflect the distribution of the 579 nurses at ISC. Results presented for region in the table below are unweighted (i.e., reflecting the actual proportion of nurses responding to the survey).

Comparing results with the 2006 survey, only the 61 years of age or older cohort seems significantly different from the 4% in 2006. The proportion of men participating in the 2006 survey was also marginally lower (8%).

Table 1: Sample Characteristics

	Total
<i>Region (unweighted)</i>	<i>n=322</i>
Atlantic	4%
Quebec	5%
NCR	10%
Ontario	30%
Manitoba	19%
Saskatchewan	15%
Alberta	17%
<i>QAGE. What is your age group?</i>	<i>n=322</i>
30 or younger	5%
31-40	18%
41-50	25%
51-60	31%
61 or older	17%
Prefer not to specify	3%
<i>QGEND. What is your gender?</i>	<i>n=322</i>
Male	13%
Female	84%
Prefer not to specify	2%

<i>QABO. Do you self-identify as an Aboriginal person?</i>	<i>n=322</i>
Yes	21%
No	74%
Prefer not to specify	4%

As previously described, no results are presented for a group of nurses smaller than 20. For this reason, any differences by region are presented for Atlantic and Quebec Regions combined since fewer than 20 nurses responded to the survey in each of these two small regions. Results are also examined by age group, described for nurses 40 years of age or younger versus those who are older. By and large, differences are reported based on area of responsibility and work location, as well as by education and employment status, first described in the next few sections of the report.

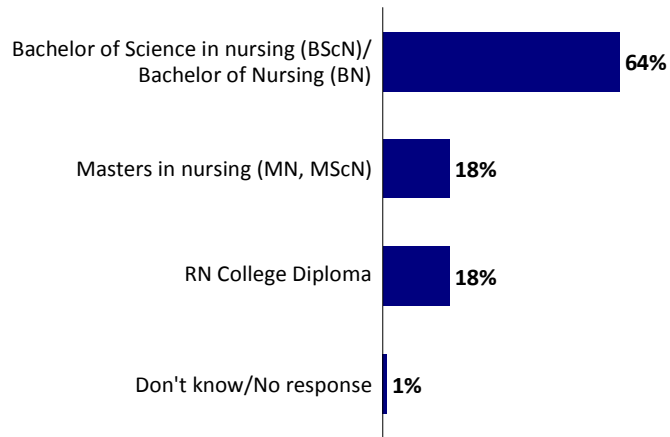
B. EDUCATION

Current Nursing-Related Education

The majority of the 322 nurses responding to the survey have an undergraduate degree as their highest nursing education qualification level. Two-thirds (64%) have either a Bachelor of Science in nursing (BScN) or a Bachelor of Nursing (BN). Nearly one in five have a Masters in nursing (MN, MScN) (18%) or a RN College Diploma (18%) as their current nursing-related education.

Education was very different in 2006 when 41% held a RN Diploma, 52% had a Bachelor of Science in nursing or Bachelor of Nursing.

Chart 1: Current Nursing-Related Education



Q31: What is your highest nursing education qualification level?

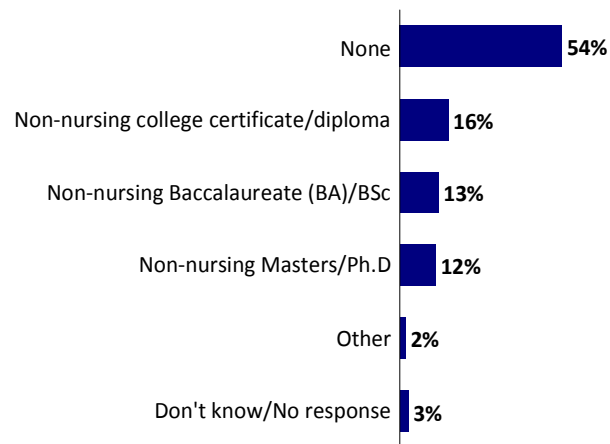
Base: n=322

- Responding nurses in the Manitoba Region are more likely than those in other regions to have a Bachelor of Nursing degree (40%).
- Those who are 40 and younger are more apt to have a Bachelor of Science in nursing (61%), while those 51 and over are more apt to have a RN College Diploma (35%).

Current Non-Nursing Related Education

Over half (54%) of responding nurses have no other non-nursing related education. Over one in ten have either a non-nursing college certificate or diploma (16%), a non-nursing Baccalaureate (BA) or BSc (13%) or a non-nursing Masters or Ph.D. (12%). In 2006, 73% of participating nurses said they did not have any post-secondary education outside of nursing.

Chart 2: Current Non-Nursing Related Education



Q32: What is your highest non-nursing university education qualification?

Base: n=322

- Indigenous nurses responding to the survey are more likely than other nurses in the sample to have a non-nursing college certificate or diploma (27%).

C. EMPLOYMENT

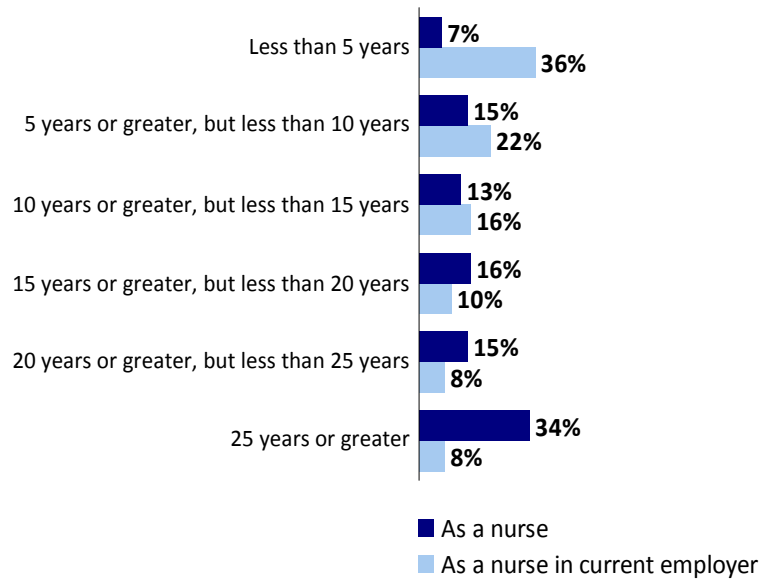
Employment History

In terms of overall employment history in nursing, 34% of nurses responding to the survey have been employed for 25 years or more. Another 31% have been a nurse for 15 to 25 years, and 28% have been employed as a nurse for 5 to 15 years. Only 7% have been working as a nurse for fewer than five years.

In terms of employment with ISC specifically, 36% of respondents have been with ISC for fewer than 5 years. Another 38% have been with ISC for five to 15 years, while 18% have been with the department for 15 to 25 years, and 8% have been with ISC for 25 years or more.

The employment history reported in the 2006 Survey of Nurses was very similar. It reported 10% were employed as a nurse for fewer than five years, 14% from five to ten years, 12% from 10-15 years, and 64% for 15 years or greater. The same study found 40% were employed by FNIB for fewer than five years, 22% for five to ten years, 12% for 10 to 15 years, and 20% for 15 years or more.

Chart 3: Employment History



Q1: For how many years have you been employed as a nurse?

Q1a: For how many years have you been employed as a nurse in your current employer?

Base: n=322

- Survey respondents with a RN College diploma are more likely to have been employed as a nurse for 25 years or more (61%). Therefore, they are almost exclusively 51 years of age or older.
- By and large, nurses who are 40 years of age or younger have largely been with ISC for less than five years (70%).

Just under two in three (61%) nurses responding to the survey are working full-time; more than 30 hours per week. Three in ten (30%) are working part-time, while one in ten are in either a casual position (4%) or another (5%) employment arrangement. Nine in ten of those responding to the survey (89%) are in an indeterminate position.

In 2006, a similar proportion (65%) of nurses said they were in a full-time position, although 21% were part-time, and 14% were in a casual position. Similar to current results, in 2006, 86% of participating nurses were indeterminate.

Table 2: Employment Status

	Total
<i>Q2. Which of these best describes your current employment status with your current employer?</i>	322
Full-time: regularly working 30 or more hours a week	61%
Part-time: regularly working less than 30 hours a week	30%
Casual position (employment that doesn't exceed 120 hours a year)	4%
Other	5%
<i>Q3. Are you considered to be in an indeterminate, or term position?</i>	322
Indeterminate	89%
Term	7%
Other	2%
Don't know/No response	2%

- Incidence of full-time employment is higher among responding nurses from the Saskatchewan, Quebec-Atlantic and NCR Regions (87%-100%), and lowest in Manitoba and Ontario (45%-50%).

Area of Responsibility

Over half (54%) of nurses responding to the survey are employed as a Clinician or in clinical care. Two in five (20%) are in management while 14% are practice advisors.

By comparison, in 2006, 63% of nurses were in a clinical practice and 10% were in education, although 20% were in management, as found in the current results. Another 4% were in communications or public health promotion.

Chart 4: Area of Responsibility



Q4: Which of the following areas best describes your primary area of responsibility?

Base: n=322

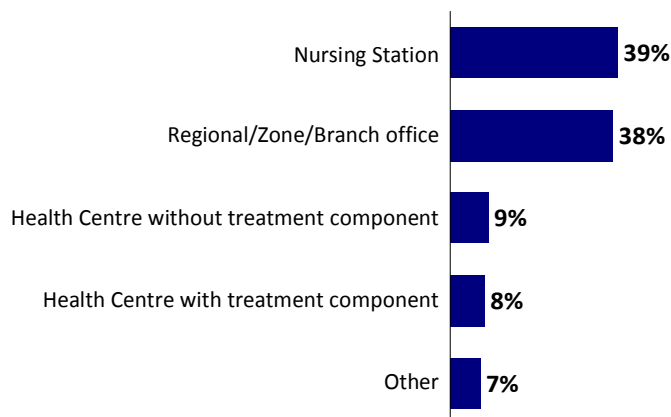
- Responding nurses working in the Ontario Region (72%) are more likely to be in clinical care than found in other regions.
- Younger nurses (age 40 and under) are more likely (67%) than older cohorts to be in clinical care.
- Those working in clinical care, or in a Health Centre with treatment component, are more likely than other nurses to have been employed as a nurse for 10 years or less. They are also more likely than other nurses to have a RN College Diploma, and to have a non-nursing Baccalaureate.
- Those in management or leadership, or working in a regional zone or branch office, are more apt to have a Masters or Ph.D. in nursing.

Workplace

Nearly two in five nurses responding to the survey are either working at a Nursing Station (39%) or a Regional, Zone, or Branch Office (38%). The remainder are located in a Health Centre either without a treatment component (9%) or with a treatment component (8%).

In 2006, a similar proportion (43%) reported working at a Nursing Station, although only 23% worked at a Regional, Zone, or Branch office. Far more than in the current survey (24%) worked at a Health Centre without out treatment component and 7% worked at a Health Centre with a treatment component.

Chart 5: Workplace



Q5: Which of the following types of facilities best describes your primary place of work?

Base: n=322

- Responding nurses working at a Nursing Station are considerably more likely than others to be working part-time or casual (79%).
- Those working as a practical advisor (93%) or in management (76%), and located in a regional, zone, or branch office work almost exclusively full-time.
- Those working in a regional zone or branch office are more likely to have a Masters or Ph.D. in nursing (53%). They are also more apt to have a non-nursing Masters or Ph.D. They are also more likely to be located in the NCR (72%) or in the Quebec-Atlantic Region (80%).

Incidence of Nurse Practitioners

Only 12% are registered as a Nurse Practitioner, although this is an increase from 2006 when 6% indicated they are registered as a Nurse Practitioner.

- Responding nurse practitioners are more likely to have a Masters in Nursing or greater (41%) compared with other nurses in the sample.

D. RECRUITMENT AND RETENTION

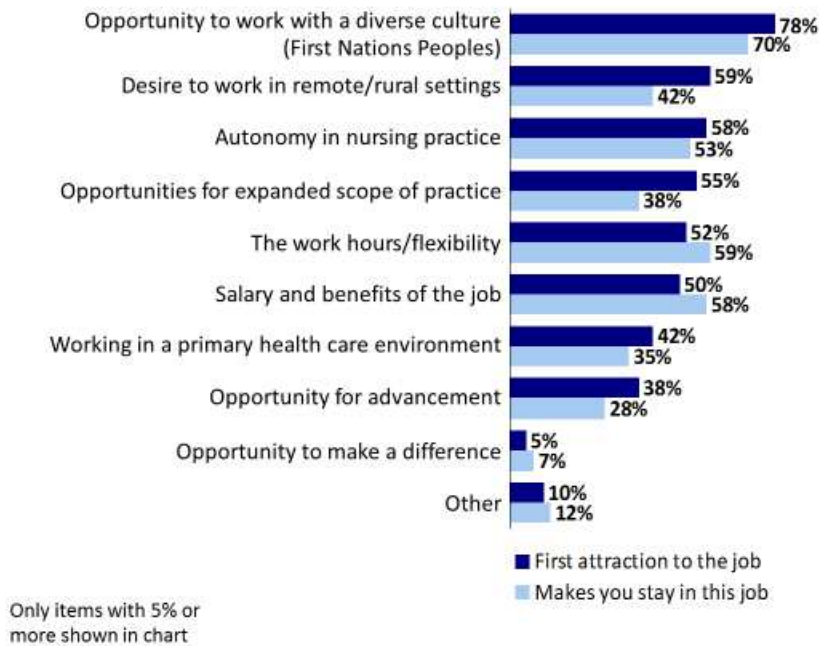
Motivation for Joining / Staying

Most nurses responding to the survey (78%) were first attracted to their job because of the opportunity to work with a diverse culture; 70% continue to stay with the job for this reason. Over half were first attracted by (58%) and continue to stay (53%) with the job because of the autonomy it affords. While 59% were attracted to the job because of a desire to work in remote or rural settings, somewhat fewer (42%) continue to stay for this reason. Just over half were attracted (52%) and stay (59%) because of the flexibility or work hours in general, or for the salary and benefits of the job (50% were first attracted because of this, and 58% stay for this reason).

A greater divide is seen with the opportunities and expanded scope of practice (55% were first attracted by this, but only 38% stay for this reason, likely because the lifecycle of their employment has progressed). Four in ten (42%) were first attracted to the job to work in a primary health care environment; and 35% continue for this reason. Slightly fewer said this about opportunities for advancement (38% were first attracted in this way, but only 28% stay for this reason).

Results were largely similar in 2006 when the top motivators included expanded scope (57% attracted, 46% stayed), the salary or benefits of the job (55% attracted, 51% stayed), and the autonomy in nursing practice (52% attracted, 46% stayed). Only working with a diverse culture has gone up considerably since 2006 when 54% were attracted for this reason and 49% stayed for it).

Chart 6: Motivation for Joining / Staying



Q1a5: What aspects of your current job first attracted you to it?

Q1a6: What aspects keep you working as an employee in this job?

Base: n=322

- Responding nurses currently working in clinical care, at a Nursing Station or Health Centre with treatment, as well as those working part-time, are more likely than other nurses in the survey to have been attracted or kept their position because of autonomy in nursing practice (66%-71%), the desire to work in remote or rural settings (70%-75%), opportunities for expanded scope of practice (65%-74%), or working in a primary health care environment (47%-57%).
- Those in management or leadership positions; practice advisors or educators; working in a regional, zone, or branch office; or employed full-time are more apt to have been attracted or stay for opportunities for advancement (46%-60%).

One-third of nurses responding to the survey (36%) plan to leave their current employer in the next three years and another one in five (18%) are not sure. Of those planning to leave, one-quarter (23%) expect to leave within the year. Another 38% expect to leave within one to two years and 19% say it will be three years. One in five (20%), however, are not sure when they will leave. Although 44% are planning to retire, about one in five are leaving because they are dissatisfied with their current position (21%) or for a different job (17%).

As in the current survey, in 2006, 34% of nurses indicated they planned to leave FINHB within the next three years for a reason other than to retire. Reasons included family or personal reasons (16%), lack of advancement (14%), or work overload or stress (12%).

The 2019 PSES survey revealed 27% intend to leave their current position in the next two years. Reasons include to pursue another position within the department or agency (33%), to pursue a position in another department or agency (29%), it is the end of a term, casual, or student employment (12%), or to pursue a position outside the federal public service (6%).

Table 3: Seeking Changes

	Total
<i>Q7. Do you currently have any plans to leave your current employment within the next three years, either to retire or for other reasons?</i>	322
Yes	36%
No	46%
Don't know/No response	18%
<i>Q7b. What is your expected timeframe for leaving?</i>	109
Less than 1 year	23%
1 year	13%
2 years	25%
3 years	19%
Don't know/No response	20%
<i>Q7c. What is the main reason you intend to leave?</i>	109
Retirement	44%
Dissatisfied with current position	21%
Different job	17%
Other	16%
Don't know/No response	1%

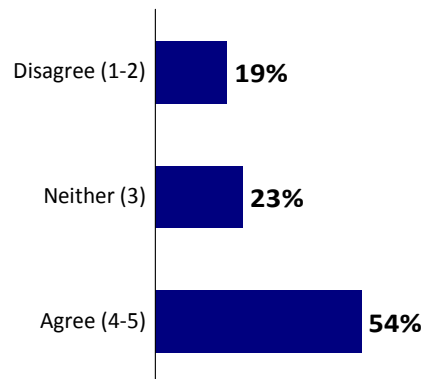
- Responding nurses currently working in clinical care, at a Nursing Station or Health Centre with treatment, or working part time, are more likely to say they have plans to leave within three years (44% - 51%).
- Intend to leave is also higher among responding nurses working in the Ontario Region (47%).

Impact of Staff Turnover

Over half of nurses responding to the survey (54%) agree the quality of their work suffers because of high staff turnover. One in five (19%) disagree and another 23% indicated a more neutral response.

The 2019 PSES survey (using a slightly different scale) noted 30% of employees always or often feel the quality of their work suffers because of high staff turnover, and another 26% said the quality sometimes suffers, suggesting a higher degree of impact of staff turnover among responding ISC nurses.

Chart 7: Impact of Staff Turnover



QJS17: Please indicate whether you agree or disagree with the following: I feel the quality of my work suffers because of high staff turnover.

Base: n=322

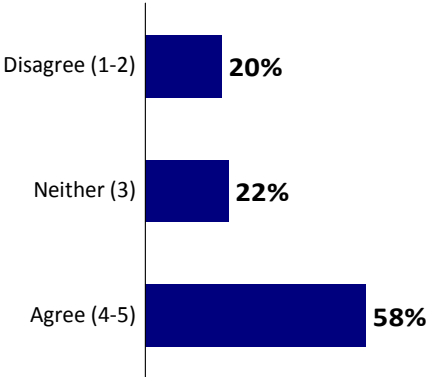
- Nurses currently working in clinical care, at a Nursing Station or Health Centre with treatment, or are not employed full-time, are more likely than other nurses in the sample to feel the quality of work suffers because of high staff turnover (61% to 67% agreement).

E. JOB SATISFACTION

Perceived Value

Fewer than six in ten (58%) of the nurses responding to the survey feel they are valued at work. The remaining four in ten provided a neutral rating (22%) or disagreed (20%). By comparison, the 2019 Public Service Employee Survey (PSES) reported 68% of employees agreed they feel valued at work.

Chart 8: Perceived Value



QJ518: Please indicate whether you agree or disagree with the following:
Overall, I feel valued at work.

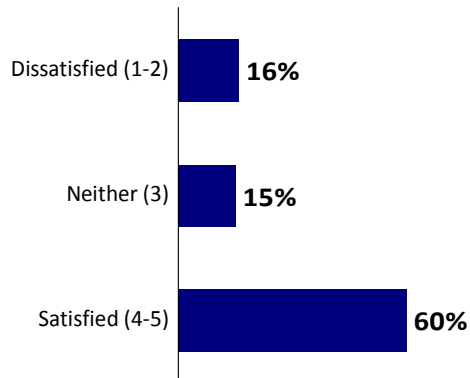
Base: n=322

- Responding nurses working in clinical care, at a Nursing Station or treatment centre, and/or working part-time or casual are less likely than others (46% to 52%) to feel valued at work.
- Those working in the NCR and Saskatchewan are more likely than others to feel valued at work (75% to 77%), while nurses in Ontario are least likely to agree. In fact, as many nurses in Ontario say they do not feel valued (32%) as those who say they feel valued at work (39%).

Satisfaction with Quality of Care

Six in ten (60%) responding nurses are satisfied with their ability to deliver quality care. Nearly four in ten feel neutral (15%) or are dissatisfied (16%). Results are fairly similar to 2006, when 69% of nurses were satisfied with their ability to deliver quality care, although 23% were dissatisfied.

Chart 9: Satisfaction with Quality of Care



QJ54: Please rate the extent to which you are satisfied or dissatisfied with each of the following aspects of your current workplace: Your ability to deliver quality care.

Base: n=322

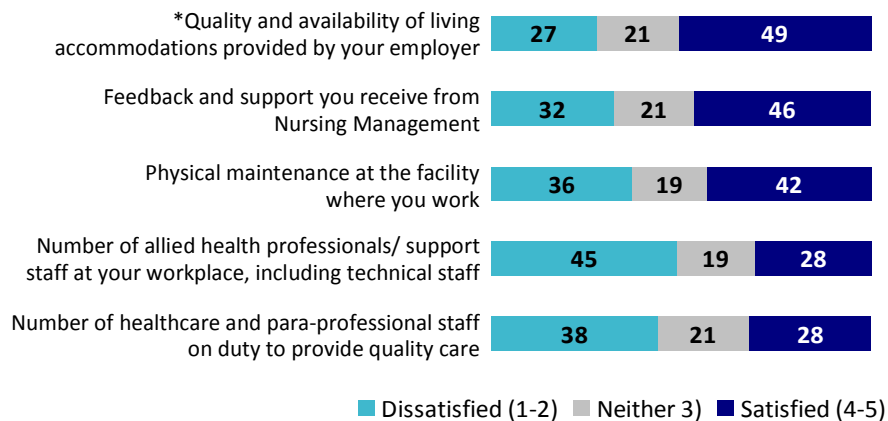
- Dissatisfaction with ability to deliver quality care is higher among nurses currently working in clinical care, at a Nursing Station or Health Centre with treatment, and/or those who are employed part-time or casual (22% to 24%), compared with other nurses in the sample.
- Regionally, dissatisfaction is also higher in the Ontario Region (26%).

Satisfaction with Job Support

Fewer than half of the nurses responding to the survey are satisfied with the feedback and support they receive from nursing management (46%) or the physical maintenance at their work facility (42%). Only one-quarter of nurses indicate they are satisfied with the number of allied health professionals or support staff at their workplace, including technical staff (28%) or the number of healthcare and para-professional staff on duty to provide quality care (28%), with considerably larger proportions who are dissatisfied (45% and 38%, respectively). Among only nurses working in Nursing Stations, half (49%) are satisfied with the quality and availability of living accommodations provided by their employer.

Satisfaction with the physical layout is similar to views expressed in 2006 when 46% indicated satisfaction.

Chart 10: Satisfaction with Job Support



QJS5,7,8,12,13: Please rate the extent to which you are satisfied or dissatisfied with each of the following aspects of your current workplace.

Base: n=322 – * n=109

- Consistent with other results, rates of dissatisfaction are generally higher among nurses responding to the survey who currently working in clinical care, at a Nursing Station or Health Centre with treatment, are employed part-time or casual, and those in the Ontario Region.

Of the 38% of nurses dissatisfied with the type of healthcare and para-professional staff, three in four are dissatisfied with the number of Registered Nurses (76%). Just under half are dissatisfied with the number of physicians (45%) or nurse practitioners (44%). Roughly one in four are dissatisfied with the number of licensed practical nurses (27%) or registered psychiatric nurses (26%), and one in five are satisfied with pharmacists (21%), or Emergency Medical Technicians (19%).

Table 4: Areas of Concern Regarding Number of Healthcare Staff

	Total
<i>QJS7b. Which of the following are the type of healthcare and para-professional staff you are most dissatisfied with?</i>	114
Registered Nurses (RNs)	76%
Physicians	45%
Nurse practitioners (NPs)	44%
Licensed practical nurses (LPNs)	27%
Registered psychiatric nurses (RPNs)	26%
Pharmacists	21%
Emergency Medical Technicians (EMTs)	19%
Community health care	12%
Other health care assistants	7%
Other health care staff	28%
Prefer not to say	2%

Among the 45% of nurses dissatisfied with the allied health professionals and support staff, seven in ten are dissatisfied with the number of IT staff (72%). Nearly half expressed concerns about the number of facility maintenance staff (48%), security staff (44%), or technical equipment maintenance (42%). One-quarter are dissatisfied with the number of health or biomedical technicians (26%), while fewer are dissatisfied with the number of administrative or clerical staff (18%).

Table 5: Areas of Concern Regarding Number of Allied/Support Staff

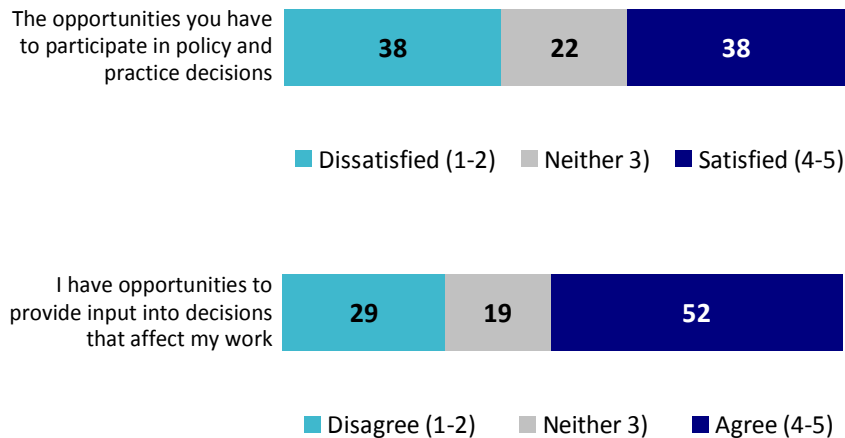
	Total
<i>QJS8b. Which of the following are the type of allied health professionals and support staff you are most dissatisfied with?</i>	140
IT staff	72%
Facility maintenance staff	48%
Security staff	44%
Technical equipment maintenance	42%
Health/biomedical technicians	26%
Administrative/clerical	18%
Untrained/not trained enough, inadequate performance in their positions, unreliable staff	9%
Other staff	11%
Prefer not to say	2%

Satisfaction with Level of Influence

Over half (52%) of nurses participating in the survey agree they have opportunities to provide input into decisions affecting their work; although three in ten (29%) disagree. By comparison, the 2019 PSES survey reported 67% agree they have opportunities to provide input into decisions, and 18% disagree.

Satisfaction with the opportunities to participate in policy and practice decisions is even lower, with as many nurses indicating they are dissatisfied as are satisfied (38% each). Even fewer nurses, however, were satisfied in 2006, when 24% of nurses were satisfied, but 51% were dissatisfied.

Chart 11: Satisfaction with Level of Influence



QJS9: Please rate the extent to which you are satisfied or dissatisfied with each of the following aspects of your current workplace.

QJS19: Please indicate whether you agree or disagree with the following.

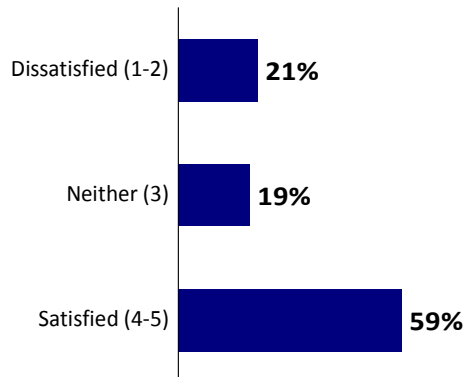
Base: n=322

- Responding nurses currently working in clinical care (49% dissatisfied with opportunities to participate in policy decisions, 39% dissatisfied with opportunities to provide input into decisions), at a Nursing Station or Health Centre with treatment (54% and 41% respectively), employed part-time or casual (57% and 44%), and those working in the Ontario Region (51% and 38%) are more likely to be dissatisfied. This is also true of nurses with a Masters in Nursing or greater (53% and 37%).

Satisfaction with Work – Life Balance

Six in ten (59%) nurses responding to the survey are satisfied with their family and work life balance, while one in five are neutral (19%) or dissatisfied (21%). By comparison, in 2006, 46% of nurses were satisfied with their family/work life balance, and 38% were dissatisfied.

Chart 12: Satisfaction with Work – Life Balance



QJ51: Please rate the extent to which you are satisfied or dissatisfied with each of the following aspects of your current workplace: your family/work life balance.

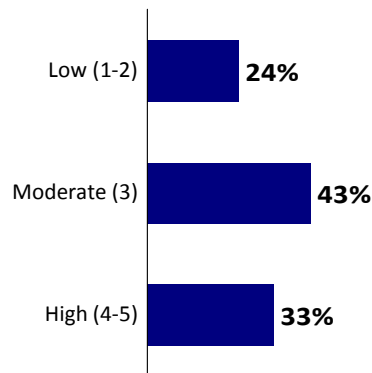
Base: n=322

- Responding nurses who are currently working in clinical care (23% dissatisfied), at a Nursing Station or Health Centre with treatment (30%), employed part-time or casual (25%), and those in the Ontario Region (36%) are less likely to be satisfied than other nurses in the survey. Additionally, younger nurses (age 40 and younger) (31%) are more likely to be dissatisfied than those who are older.

Degree of Work – Related Stress

One in three (33%) nurses participating in the survey say they regularly have a high level of work-related stress. Over two in five (43%) report a moderate level of stress, while one in four (24%) say their level of stress is low. By comparison, the 2019 PSES survey found 16% of employees say their level of work-related stress is high or very high; half (51%) say it is low or very low.

Chart 13: Degree of Work – Related Stress



QST2: All things considered, how would you rate your level of regular work-related stress?

Base: n=322

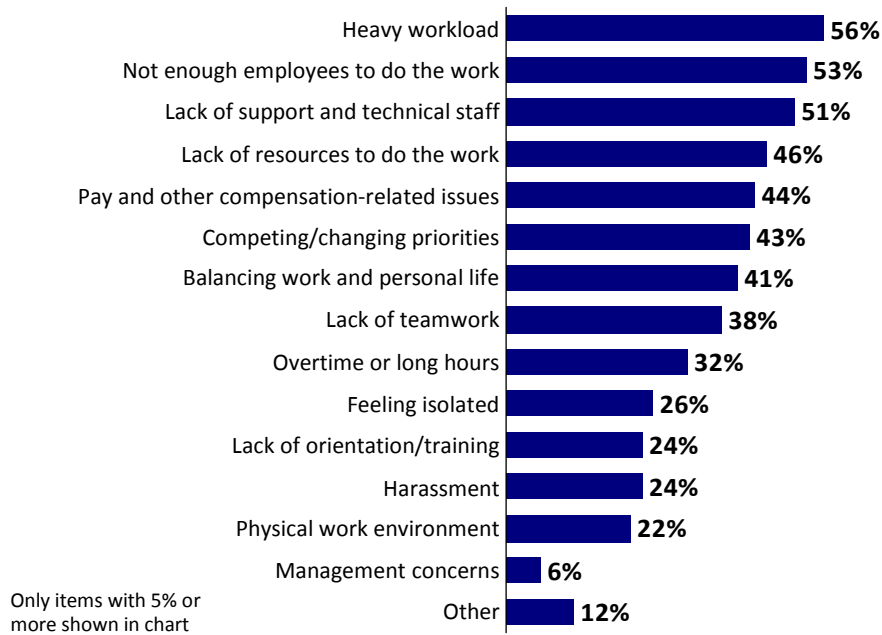
- Nurses responding to the survey who are working in a Nursing Station or Health Centre with treatment (42% high stress), employed part-time or casual (41%), and/or in the Ontario Region (41%) are more likely than other nurses to rate their stress high. Additionally, nurses with a Masters in Nursing or greater (47%) are also more likely to say they regularly have high stress than nurses with less education.

Sources of Stress

All nurses responding to the survey were asked to indicate sources of their workplace stress. The top sources identified are heavy workload (56%), not enough employees to do the work (53%), and lack of support and technical staff (51%). Just over four in ten pointed to a lack of resources to do the work (46%), pay and other compensation-related issues (44%), competing or constantly changing priorities (43%), or balancing work and personal life (41%). Slightly lower proportions point to a lack of teamwork (38%) or overtime or long hours (32%) as the source of their stress. About one in four report feeling isolated (26%), a lack of orientation or training (24%), report harassment (24%), or the physical work environment (22%) as sources of workplace stress on a regular basis.

The 2019 PSES survey also measured the extent to which these sources of stress affect employees. Of the comparable factors measured, employees in the PSES survey reported much lower stress (to a large or very large extent); including: not enough employees to do the work (29%), pay or other compensation related issues (27%), heavy workload (24%), competing or constantly changing priorities (19%), work-life balance (17%), overtime or long work hours (9%), physical work environment (9%), and harassment or discrimination (8%).

Chart 14: Sources of Stress



QST1: Which of the following factors, if any, cause you stress on a regular basis at work?

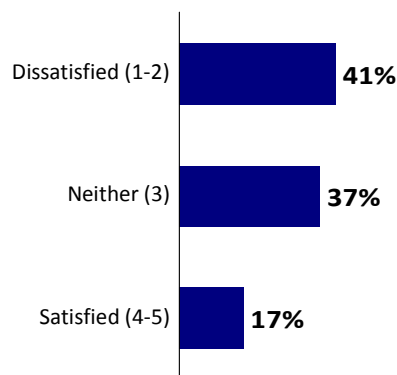
Base: n=322

- Responding nurses who work in a Nursing Station or Health Centre with treatment, along with those who are part-time or casual, are more likely than other nurses to cite most of the listed factors as sources of stress. Nurses working in clinical care are more likely than other nurses to point to a lack of resources to do the work (59%), overtime or long hours (38%), feeling isolated (31%), or harassment (30%).
- Younger nurses, age 40 or younger, are more likely than those who are older to say their stress is brought on by heavy workload (67%) and challenges with work-life balance (60%), lack of orientation or training (39%), feeling isolated (40%), and a lack of resources to do the work (58%).

Satisfaction with Stress Relief Efforts

A very low percentage of nurses responding to the survey (17%) say they are satisfied with the quality and availability of resources to help relieve stress at their workplace. More than double the number (41%) rate themselves as dissatisfied, and more than one in three are neutral (37%). Among the 33% of participating nurses who point to high levels of stress, there is little satisfaction with the stress relief support provided, and only 16% are satisfied among 43% reporting moderate stress. Even among the 24% of nurses who say their stress is low, only 39% are satisfied.

Chart 15: Satisfaction with Stress Relief Efforts



QST3: How satisfied are you with the quality and availability of resources to help relieve stress at your workplace?

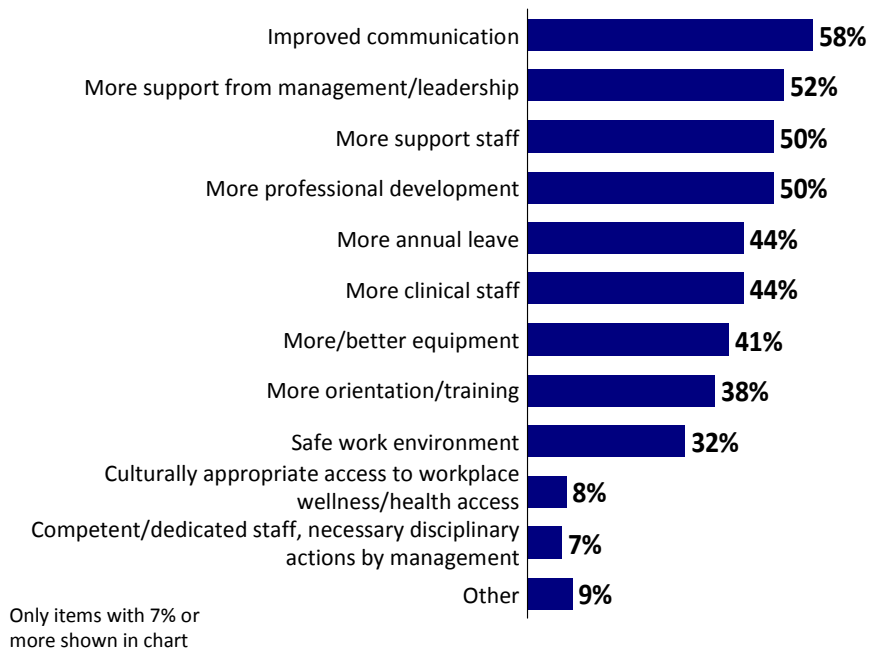
Base: n=322

- More than half of participating nurses who are currently working in clinical care (52% dissatisfied), work at a Nursing Station or Health Centre with treatment (56%), are part-time or casual (54%), work in the Ontario Region (59%), under 40 years of age or younger (55%), or have a Masters in Nursing or greater (53%) are dissatisfied.

Suggested Areas for Stress Relief Efforts

Nurses responding to the survey most often point to improved communication (58%) as useful in helping to relieve stress. About half also report support from management or leadership (52%), more support staff (50%), or professional development (50%) would help to relieve stress. Slightly fewer believe more annual leave (44%) or more clinical staff (44%) would relieve stress. This is followed by better equipment (41%) or more orientation or training (38%). Nearly one in three suggest a safer work environment (32%). Other suggestions described in verbatim comments to relieve stress relate to culturally appropriate health and wellness programmes/resources, and disciplinary action taken by management when there are issues originating with staff.

Chart 16: Suggested Areas for Stress Relief Efforts



QST4: Which of the following would be useful to you in helping to relieve stress?

Base: n=322

- Responding nurses working in a Nursing Station or Health Centre with treatment, along with those who are part-time or casual, are more likely than other respondents to support most of the factors listed as stress relievers. Nurses in clinical care are more likely than other nurses to point to more clinical staff (53%), more equipment (52%), a safe work environment (42%), more annual leave (50%), and more professional development (55%).

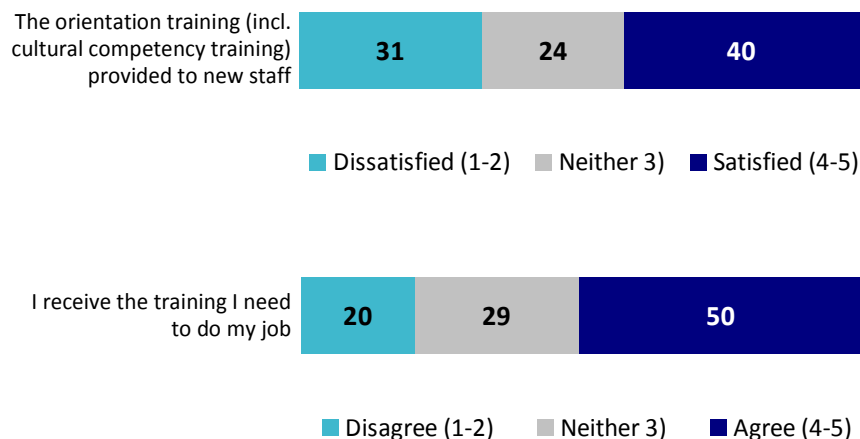
- Nurses in the Ontario and Manitoba Regions are more likely than other nurses to support most of the factors listed.
- Men are more likely than women to cite more support staff (74%), more equipment (56%), improved communication (74%), and more professional development (68%).
- Nurses who are 40 or younger are more likely than those who are older to favour more support staff (62%), more clinical staff (60%), more equipment (51%), more orientation or training (59%), and culturally appropriate access to workplace wellness (17%).

Satisfaction with Training and Orientation

Half (50%) of nurses responding to the survey agree they receive the training they need to do their job, although 20% disagree. By comparison, the 2019 PSES reported 69% of employees agree they get the training they need to do their job.

Even fewer (40%) nurses are satisfied with the orientation training they receive, including cultural competency training provided to new staff. In 2006, a similar proportion (37%) were satisfied, although 44% were dissatisfied.

Chart 17: Satisfaction with Training and Orientation



QJS11: Please rate the extent to which you are satisfied or dissatisfied with each of the following aspects of your current workplace.

QJS20: Please indicate whether you agree or disagree with the following.

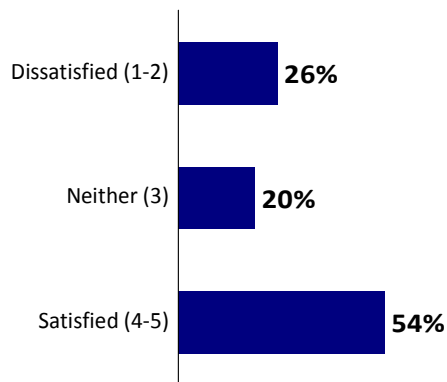
Base: n=322

- Those with a Masters in Nursing or greater (34%), along with younger nurses (40 or younger) (30%) are more likely be dissatisfied with the orientation training and disagree they receive the training they need to do their job.
- Responding nurses working in the Atlantic / Quebec Region are also more likely to express dissatisfaction with the orientation training received (43%) compared with nurses in other regions.

Satisfaction with Professional Development

Just over half (54%) of nurses are satisfied with the current opportunities for professional development or continuing education, and 26% are dissatisfied. This is slightly higher, however, than in 2006, when 48% of nurses were satisfied, and 38% were dissatisfied.

Chart 18: Satisfaction with Professional Development



QJ52: Please rate the extent to which you are satisfied or dissatisfied with each of the following aspects of your current workplace: Your current opportunities for professional development/continuing education.

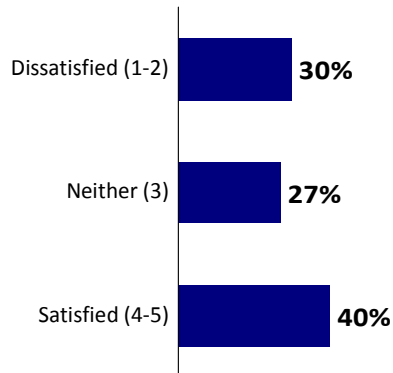
Base: n=322

- Responding nurses working at a Nursing Station or Health Centre with treatment (33% dissatisfied), part-time or casual (36%), or have a Masters in Nursing (43%) are more likely than other nurses to be dissatisfied.
- Regionally, satisfaction is higher among responding nurses in the NCR (81% satisfied), Quebec/Atlantic (75%), or Saskatchewan (74%) regions. It is lowest in Ontario (39%).

Satisfaction with Leadership

Four in ten (40%) are satisfied with the current opportunities for nursing leadership development, although almost as many (30%) are dissatisfied. In 2006, the same proportion (40%) also reported satisfaction.

Chart 19: Satisfaction with Leadership



QJ53: Please rate the extent to which you are satisfied or dissatisfied with each of the following aspects of your current workplace: Your current opportunities for nursing leadership development.

Base: n=322

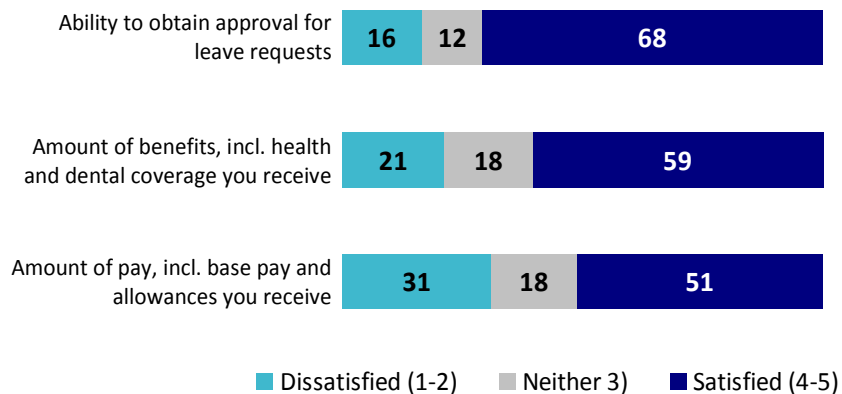
- Nurses who are practice advisors/educators (56%); in management or leadership (53%); work in a regional, zone or branch office (54%); in the NCR (72%); or employed full-time (49%) are more likely to be satisfied. Dissatisfaction is highest among nurses who are part-time or casual (39% dissatisfied), or have a Masters in Nursing (44%).

Satisfaction with Pay and Benefits

Only half (51%) of the nurses responding to the survey indicated they are satisfied with the amount of pay, including base pay and allowances, at their current workplace; 31% are dissatisfied. Nearly six in ten (59%) are satisfied with the amount of benefits, including health and dental coverage they receive, although 21% are dissatisfied. Two in three (68%) are satisfied with their ability to obtain approval for leave requests in their current workplace.

In 2006, 72% were satisfied with the amount of pay they receive¹. In 2006, 70% were satisfied with the amount of benefits they receive².

Chart 20: Satisfaction with Pay and Benefits



QJS14,15,16: Please rate the extent to which you are satisfied or dissatisfied with each of the following aspects of your current workplace.

Base: n=322

- Responding nurses who are practice advisors/educators; in management or leadership; work in a Regional, Zone or branch office; in the NCR; or employed full-time are more likely to be satisfied with all three aspects. Nurses currently working in clinical care, at a Nursing Station or Health Centre with treatment, who are part-time or casual, and those 40 years of age or younger are more likely than other nurses to be dissatisfied.

¹ The question did not feature the statement to include base pay and allowances received.

² The question did not specify health and dental coverage.

- Regionally, nurses in the Quebec- Atlantic Region are more likely than others across the country to be satisfied with the amount of pay (77%) or benefits (87%). The highest rate of dissatisfaction exists in the Ontario Region in terms of pay and benefits (28% dissatisfied). The highest rate of dissatisfaction with ability to obtain approval for leave is found in Manitoba (30% dissatisfied) while the highest rate of satisfaction is Saskatchewan (94% satisfied).

Payroll Issues

A full seven in ten (70%) nurses participating in the survey have experienced pay or other compensation issues within the past three years. The types of issues reported by this 70% include being underpaid (60%), errors in processing pay information (51%), missing regular payments (42%), errors related to change in position or department (33%) or overpaid (31%). Over one in ten experienced errors in leave credits (18%) or pension deductions (10%).

The compensation issues have been resolved for only 30% of nurses reporting payroll issues. The issue is unresolved for 36% and another 33% are unsure or indicate it is in progress. Most (64%) are dissatisfied with the support they have received in trying to resolve the compensation issues.

The 2019 PSES survey reported 59% of employees experienced new pay or other compensation issues, although over a shorter period of time (last 12 months). 20% indicated they have been affected by Phoenix pay systems issues. Rate of issue resolution and satisfaction are similar to the current survey findings. Of the 59% reporting issues, 44% were resolved and 34% agree they are satisfied with the support received to help resolve the issues.

Table 6: Degree and Nature of Payroll Issues Experienced

	Total
<i>QPS1. Have you experienced any pay or other compensation issues within the past three years?</i>	322
Yes	70%
No	23%
Unsure, it depends	7%
<i>QPS2. What type of issues have you experienced?</i>	247
Underpaid	60%
Errors in processing pay information	51%
Missing regular payment	42%
Errors related to change in position/department	33%
Overpaid	31%
Errors in leave credits	18%
Errors in pension deductions	10%
Lack of access/ transparency (pay stub information)	8%
Late payments, long waits for compensation	6%
Other	4%
No response	5%
<i>QPS3. Have these issues been resolved?</i>	247
Yes	30%
No	36%
Unsure, in progress	33%
<i>QPS4. How satisfied are you with the support you have received in trying to resolve these issues?</i>	247
Dissatisfied (1-2)	64%
Neither (3)	22%
Satisfied (4-5)	11%
Not applicable	3%
Don't know/ No response	1%

- Participating nurses currently working in clinical care (80%), at a Nursing Station or Health Centre with treatment (79%), and those employed part-time or casual (80%) are more likely than other nurses to have experienced an issue.
- Reports of being underpaid (69%), errors in processing pay information (58%), missing a regular payment (48%), or lack of access or transparency (14%) are higher among

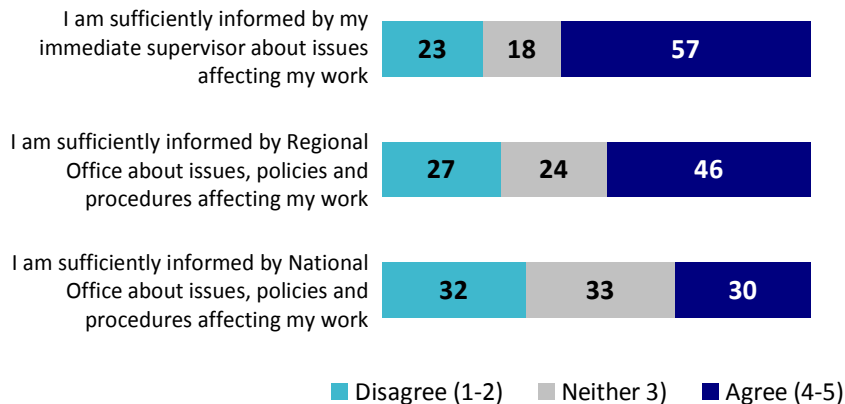
participating nurses at a Nursing Station or Health Centre with treatment. Those who are part-time or casual are also more likely than other nurses to say they were underpaid (73%).

F. ADEQUACY OF COMMUNICATIONS

Adequacy of Communications

Satisfaction with communication decreases with the distance from the source. Just over half of nurses (57%) participating in the survey agree they are sufficiently informed by their immediate supervisors about issues affecting their work, although 23% disagree. Fewer than half of respondents (46%), however, feel adequately informed by policy or procedural information coming from the Regional Office, while 27 disagree. Regarding information from the National Office, closer to one-third of respondents feel informed (30%), and a similar number disagree (32%).

Chart 21: Adequacy of Communications



QJS21,22,23: Please indicate whether you agree or disagree with the following.

Base: n=322

- Nurses working in a Regional/Zone or Branch office are more likely than other nurses to agree they are well informed both by their immediate supervisor (69%) and from the National office (40%).
- Nurses working at a Nursing Station or Health Centre with treatment are more likely than other nurses to say they are not sufficiently informed of changes from any listed sources; immediate supervisors (33%), Regional Office (36%) or National Office (39%).

- Conversely, nurses employed full-time are more likely to agree they are adequately informed from all listed sources (65%, 51%, and 38%, respectively).
- Similarly, nurses in a management or leadership role are also more likely to report they are well informed by both Regional (61%) and National (45%) offices.

Barriers to Communicating At Work

Nearly two-thirds of participating nurses (57%) report using a work email as their primary communication method. One-quarter (24%) say they use personal email, and fewer than one in ten use either a work or personal phone for this purpose (9% and 6%, respectively). The majority of nurses (69%) responding to the survey agree the tool they currently use is their preferred method to receive policy updates and announcements from their employer.

Of the 20% indicating they would prefer to communicate through an alternative method, nearly half (47%) say they would prefer updates and information through a work email, and one in five (20%) favour in-person communications. Respondents were given the opportunity to identify any needs for accessing their preferred method. One-quarter say they would require access to a computer either onsite (27%) or at home (27%). One in five (21%) cite technical issues need addressing, saying they need working programs, network systems and equipment. Slightly fewer say they do not need anything to access a new communication method (18%) or would require access to a mobile device for work (16%).

Table 7: Methods of Communicating About Work-Related Issues

	Total
<i>QCM1. What is the primary method you use to communicate with your workplace?</i>	322
Work Email	57%
Personal e-mail	24%
Work phone	9%
Personal phone	6%
Other method	4%
<i>QCM2. Is this your preferred method of communication with your employer regarding new / changes in policies, events/announcements?</i>	322
Yes	69%
No	20%
Unsure, it depends	11%

	Total
<i>QCM3. How would you prefer to communicate with your workplace to obtain information?</i>	59
Work Email	47%
In person, face to face	20%
Other method	27%
No response	6%
<i>QCM4. Which of the following would you need that you do not currently have in order to communicate using your preferred method?</i>	59
Access to a computer onsite	27%
Access to a computer at home	27%
Access to working programs on the network/network systems that work, access to equipment that works	21%
Nothing	18%
A mobile phone to use for work	16%
Other requirement	22%
No response	5%

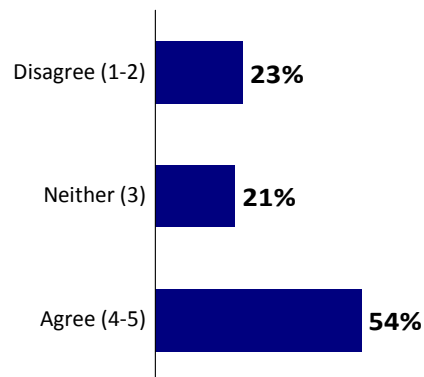
- Nurses working at a Nursing Station or Health Centre with treatment (49%), as well as those working part-time or casual (55%) are more likely than other nurses to say they use their personal email to communicate.
- Nurses working in a Nursing Station or Health Centre with treatment or those who are part-time or casual, are least likely to be using their preferred method of communications (28% and 30% respectively are not).

G. ISSUES RELATED TO INFORMATION MANAGEMENT AND TECHNOLOGY

Degree of Issues with IM/IT

Over half of nurses (54%) responding to the survey agree their quality of work suffers due to a lack of access to technology. The remaining four in ten provided either a neutral rating (21%) or say the quality of their work does not suffer due to lack of access (23%).

Chart 22: Degree of Issues with IM/IT



QJS24: Please indicate whether you agree or disagree with the following: The quality of my work suffers because of lack of access to technology.

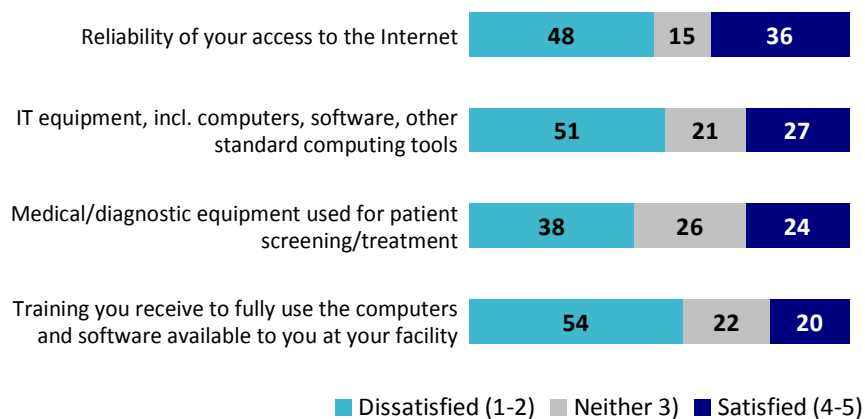
Base: n=322

- Responding nurses working in clinical care (63%), at a Nursing Station or Health Centre with treatment (70%), or who are employed part-time (73%) are more likely to feel the quality of their work suffers because of lack of access to technology.
- Regionally, those in Ontario (67%) are also more likely to agree their work suffers because of lack of access, while nurses in the NCR specifically are least likely to say this.

Satisfaction with IM/IT Service and Support

Participating nurses rated their satisfaction with various aspects of existing IT services and support at their workplace, highlighting a high level of dissatisfaction. Only one-third (36%) of nurses responding to the survey say they are content with the reliability of their internet access, while nearly half (48%) are dissatisfied. A similar proportion are dissatisfied with their IT equipment such as computers or software (51%), or the training they receive to use these tools (54%). Only one-quarter (27%) are satisfied with IT equipment and one in five (20%) are satisfied with the level of training they receive. In terms of medical diagnostic equipment only one-quarter are satisfied (24%) while more than one in three (38%) are dissatisfied.

Chart 23: Satisfaction with IM/IT Service and Support



QIT1,2,3,4: Please rate the extent to which you are satisfied or dissatisfied with each of the following aspects of IT at your work.

Base: n=322

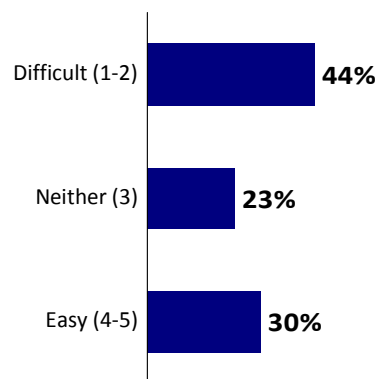
- Dissatisfaction with IT equipment is highest among participating nurses employed at a Nursing Station or Health Centre with treatment (68%), those who are part-time or casual (67%), or in the Ontario Region (63%) as well as among those working in clinical care (62%). Dissatisfaction with internet reliability is also highest among these segments (63% to 74%).
- Conversely, satisfaction with IT equipment is comparatively greater among participating nurses working in Regional/Zone or Branch offices (46%), in management (45%) or practice advisory roles (41%), along with full-time employees (37%). Satisfaction with internet reliability also follows a similar pattern (55% to 61%).

- Regionally, satisfaction with the quality of internet access is higher among responding nurses in the NCR (66%) and Saskatchewan (60%). It is lowest in Ontario and Manitoba where 60% are dissatisfied.
- Satisfaction with IT training is higher among nurses working at Regional/Zone or Branch offices (30%).

Ease of Access to IM/IT Support

More than four in ten nurses (44%) responding to the survey say it is difficult to submit a request for IT support at their workplace and only one-third (30%) say it is easy.

Chart 24: Ease of Access to IM/IT Support



Q15: How easy or difficult is the process for submitting a request for IT support in your workplace?

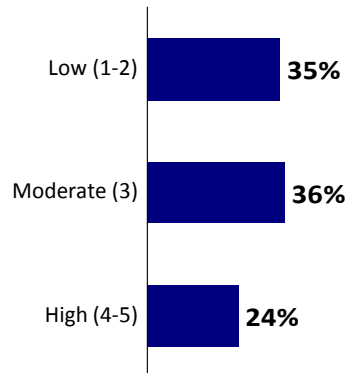
Base: n=322

- Participating Indigenous nurses (45%), those working at Regional/Zone or Branch offices (41%) and full-time employees (38%) are more likely than other nurses to describe the submission process as easy.
- Conversely, nurses working at a Nursing Station or Health Centre with treatment (58%) along with part-time employees (57%) are more likely to say it is difficult.

Responsiveness of IM/IT Support Services

In terms of the responsiveness of IT staff when addressing a submitted request, over one-third (35%) of nurses responding to the survey describe it as low, and another one in three describe responsiveness as moderate (36%). Only one-quarter (24%) describe it positively.

Chart 25: Responsiveness of IM/IT Support Services



QIT6: How responsive is IT support staff once you have submitted a request?

Base: n=322

- Responsiveness is reported to be highest among participating nurses working in the Quebec-Atlantic Region (48%), at Regional/Zone or Branch offices (33%) and full-time employees (33%).
- Those in the Manitoba Region (52%), men (52%), part-time or casual nurses (45%), or those at a Nursing Station or Health Centre with treatment (43%) are the most negative about the responsiveness of IT staff (i.e., describing it as low).

H. ISSUES RELATED TO SAFETY AND SECURITY

Nurses had the opportunity to identify multiple safety and security concerns that have had a negative impact on their sense of personal safety at the workplace. Results highlight nearly half of nurses responding to the survey are negatively impacted by their physical work environment (47%) and inadequate numbers of staff (46%). Slightly fewer (41%) experience safety and security concerns from the level or quality of staff members. One in three (30%) say they have received verbal threats from patients or their family members. About one in six (16%) have encountered physical threats from patients or their family members, and a similar proportion (15%) voiced concern over the location of their facility within the community. One in ten (9%) report verbal threats from other staff members. Very few (8%) report no security concerns.

Table 8: Nature of Safety & Security Concerns

	Total
<i>QSS1. Which of the following, if any, have had an adverse impact on your sense of personal safety and security at work?</i>	322
The physical work environment	47%
Not enough staff	46%
The level or quality of staff	41%
Verbal threats from patients/family members	30%
Physical threats from patients/family members	16%
The location of the facility in the community	15%
Verbal threats from other staff	9%
Location hazards (e.g., distance to parking, outside lighting)	6%
More effective response from management	4%
Physical threats from other staff	4%
Other safety/security concerns	1%
No safety and security issues	8%
Don't know/No response	17%

- Participating nurses working part-time or casual (70%), at a Nursing Station or Health Centre with treatment (68%) or in the Ontario Region (62%), along with those working in clinical care (62%), and men (64%) are much more likely than other nurses to say there is not enough staff.
- These same segments are also more likely than other nurses to report the level or quality of the staff (47%-65%), and the physical work environment (56%-64%) have an adverse effect on their sense of security.
- Nurses who are 40 or younger (59%) are also more likely to point to the level or quality of staff members compared with other nurses.
- Those working at a Nursing Station or Health Centre with treatment (46%), working part-time (45%), or as clinicians (41%), as well as nurses in the Manitoba Region (42%) are more likely than other nurses to be affected by verbal threats from patients or family members. This is also more likely among men (57%) than women. A similar pattern is seen regarding reports of physical threats from patients and family members (21-32%).

The majority of nurses (72%) say they have participated in Nursing Safety Awareness Training (NSAT), which is marginally higher than the 62% in 2006. In terms of the degree of positive contribution this has made to their sense of safety and security at work, however, results are varied. An equal number of responding nurses who took the training describe the impact as positive (29%) and describe there being little impact (29%). The remaining third (36%) describe the impact as moderate.

Table 9: Participation in & Impact of NSAT

	Total
<i>QSS2. Have you participated in Nursing Safety and Awareness Training (NSAT)?</i>	322
Yes	72%
No	24%
Do not recall / No response	5%
<i>QSS3. Do you feel that this has made a positive contribution to your personal safety and security at work?</i>	230
Low (1-2)	29%
Moderate (3)	36%
High (4-5)	29%
Don't know/ No response	6%

- Participating nurses working in the National Capital Region (47%), those 40 years of age or younger (39%), as well as nurses with a Bachelor of Science in nursing (34%) are less likely than other nurses to have taken NSAT training.
- Regionally, nurses working in Saskatchewan are more likely than others across the country to have participated (89%).
- Full-time employees are generally more positive about the impact their NSAT training made on workplace security (38%).
- Conversely, those employed part-time or casual (47%), working at a Nursing Station or Health Centre with treatment (40%) or in clinical care (38%) are more apt to describe the impact of this training as limited.

Awareness of Occupational and Critical Incident Stress Management (OCISM) resources available at their workplace is almost universal (91%) among nurses responding to the survey. Of those aware, half (52%) are satisfied with follow-up actions from their workplace following the OCISM process. Only one in ten (9%) are dissatisfied.

Table 10: Participation in & Satisfaction with OCISM

	Total
<i>QSS4. Are you aware of Occupational and Critical Incident Stress Management (OCISM) resources at your place of work?</i>	322
Yes	91%
No	7%
Do not recall / No response	2%
<i>QSS5. How satisfied are you with the follow-up actions following the Occupational and Critical Incident Stress Management (OCISM) process within your place of work?</i>	290
Dissatisfied (1-2)	9%
Neither (3)	17%
Satisfied (4-5)	52%
Don't know/ No response	4%

- Satisfaction with follow-up actions following the OCISM process is highest among participating nurses in the Manitoba Region (75%), as well as among those employed part-time or casual (60%). Those in Ontario are more likely than other nurses across the country to be dissatisfied (21%).

I. AWARENESS OF TRC CALLS TO ACTION

Six in ten nurses responding to the survey (60%) have been informed by their employer about the TRC Calls to Action. The remaining four in ten have either not been informed (19%) or are unsure (21%). In terms of the result in any positive changes to their workplace, fewer than one in five (15%) report a major impact, one-third (37%) report a moderate impact, and one-quarter (27%) describe the impact as low.

Table 11: Awareness of TRC Calls to Action

	Total
<i>QCM5. Have you been informed by your employer about the Truth and Reconciliation (TRC) Calls to Action?</i>	322
Yes	60%
No	19%
Unsure/Do not recall	21%
<i>QCM6. Have you experienced any changes in your workplace as a result of the Truth and Reconciliation (TRC) Calls to Action?</i>	203
Low (1-2)	27%
Moderate (3)	37%
High (4-5)	15%
Don't know/ No response	21%

- Responding nurses working in management or leadership roles (82%), those in Regional/Zone or Branch offices (81%), along with those working full-time (72%) are more likely to report having been informed about the TRC Calls to Action.
- Conversely, those employed part-time or casual (41%), working at a Nursing Station or Health Centre (40%), and nurses in clinical care (45%) are less likely to have been informed of the Calls to Action.
- Regionally, those in the National Capital Region are most likely to have been informed of this initiative (94%).
- Nurses working in the role of practice advisors or educators (32%), along with those working in Regional/Zone or Branch offices (25%) are more likely to say the TRC Calls to Action have resulted in positive changes in their workplace.
- Conversely, Indigenous nurses (45%), and those working in clinical care (38%) and/or in a Nursing Station (36%) are more likely to rate minimal impact in their workplace as a result of this initiative.

J. INDIGENOUS TRADITIONAL HEALTH KNOWLEDGE EXCHANGE

According to survey results, three-quarters of nurses responding to the survey (72%) have a strong understanding of the terms Indigenous cultural awareness, safety and humility. The remaining quarter rate their understanding as moderate (22%) or low (5%). One-quarter of nurses (28%) report frequent access to language interpreters to provide Indigenous client care. Fewer than one in five say they have access to interpreters some of the time (16%) or rarely (15%). In terms of satisfaction with the degree of opportunity and support for use of traditional medicine in their practice, responses are varied. Over one-quarter (27%) say they are dissatisfied or neutral (28%), and only one in five (21%) are satisfied in this area.

Table 12: Use of Indigenous Traditional Health at Work

	Total
<i>Q1K1. To what extent would you say you are aware of (i.e., have an understanding of) the terms Indigenous cultural awareness, safety humility?</i>	<i>n=322</i>
Low (1-2)	5%
Moderate (3)	22%
High (4-5)	72%
<i>Q1K2. How often do you have access to language interpreters when required to provide client care?</i>	<i>n=322</i>
All or most of the time	28%
Some of the time	16%
Occasionally	7%
Rarely or never	15%
Not applicable	27%
Don't know/prefer not to say	6%
<i>Q1K3. How satisfied are you with number of opportunities and degree of support in your work environment to incorporate traditional medicine into your nursing practice?</i>	<i>n=322</i>
Dissatisfied (1-2)	27%
Neither (3)	28%
Satisfied (4-5)	21%
Not applicable	17%
Don't know/ No response	7%

- Regionally, responding nurses in the Manitoba Region are most likely to say they have access to interpreters all of the time (42%).
- Nurses working at a Nursing Station or Health Centre with treatment (40%) are more likely than other nurses to report they access interpreters frequently or some of the time (26%). This is also true of those working in clinical care (33%: most of the time and 22% some of the time). Similarly, nurses employed part-time or casual are more likely to have access to interpreters most (39%) or some of the time (27%).
- Nurses in the Manitoba Region (32%) are more likely than those in other regions to say they are satisfied with their opportunities to incorporate traditional medicine. Those working part-time or casual (36%) along with those in clinical care and/or in a Nursing Station (34% in each case) more often report dissatisfaction with these opportunities than other nurses do.

APPENDICES

A. RESPONSE RATE DETAILS

Following is the response rate for the survey by region:

Region	Total	Completed	Response %
AB	92	53	58%
SK	60	47	78%
MB	179	60	34%
ON	172	98	57%
NCR	42	32	76%
QC	19	17	89%
ATL	14	14	100%
No region specified	1	1	100%
Total	579	322	56%

B. SURVEY QUESTIONNAIRE

Good morning/afternoon, my name is _____ and I'm calling from EKOS Research Associates. We have been commissioned by Indigenous Services Canada (ISC) to conduct a telephone survey of all nurses currently employed by ISC who are currently working in nursing stations, health centres, First Nations and Inuit Health Branch (FNIHB) hospitals, regional, zone, and branch offices. The purpose of the survey is to gather important information concerning the current nursing workforce demographics, work environment and job satisfaction to allow ISC to focus on key human resources management priorities and strategies needed to build a healthy, productive workplace and workforce.

You should have recently received a letter from ISC informing you of the survey and the reasons for undertaking this initiative. The survey will take about 20 minutes to complete and your responses will be kept strictly confidential.

Please be assured that the information you provide will be administered in accordance with the *Privacy Act of Canada* regarding the protection of personal information. Your responses will remain confidential and no identifiable individual responses will appear in the report or sent to ISC in a way that will allow responses to be linked with individuals.

The survey is voluntary, and by taking part in the survey consent to collect this information is implied.

Did you receive this letter?

IF ASKED: The collection, use and disclosure of personal information by the Primary Health Care Systems Division is authorized under *Department of Indigenous Services Act*, and is in accordance with the requirements of *Privacy Act*. Information collected will be used exclusively to gather information needed to aid in retention and recruitment purposes. Personal information will be retained pursuant to the *Privacy Act* and its *Regulations*. The information collection is described in Info Source (PIB PSU 938), located in the departmental Info Source publication. Individuals have the right to the protection of, access to and request the correction of their personal information under the *Privacy Act*. If you require clarification concerning the Privacy Notice Statement, please contact the Departmental Access to Information and Privacy Office at 1-819-997-8277 or by email at <aandc.upvp-ppu.aandc@canada.ca>. For more information on privacy issues, your right to file a complaint and the *Privacy Act* in general, you can consult the Privacy Commissioner at 1-800-282-1376.

- Yes 1
- No 2

PRE1

Yes PINTRO

Would you be willing to take part in the survey? We could do the interview now over the telephone, or schedule an appointment for a time that works for you or you could go online to complete the survey on your own, if you prefer?

(IF PREFER ONLINE) We would have sent you an email invitation to the survey on December 16th, but I will also send you one now and you can use either one to go to the link in the email. You'll also need the last 3 digits of you Primary Record Information (PRI), because the survey will ask you for this plus the month and day of your date of birth to access the survey.

- Telephone now 1
- Telephone, but not now (make appointment, click continue to return to PINTRO) 2
- Online, send invitation (Confirm email address) : 3

SCRN1

No PINTRO

Would you prefer to wait until you receive the letter before taking part in the survey?

- | | |
|--|---|
| Yes, wait until letter received (Click continue to return to PINTRO) | 1 |
| No, prefer to continue | 2 |

SCRN2

No SCRNI

The survey will take about 20 minutes to complete and your responses will be kept strictly confidential. Would you be available now to take part in the survey?

- | | |
|---|---|
| Yes | 1 |
| No (make appointment, click continue to return to PINTRO) | 2 |

SCRN3

An invitation email has been sent, it should be received shortly. Thank you for your time and cooperation.

- | | |
|--|---|
| CLICK "CONTINUE" TO RETURN TO INTRODUCTION | 1 |
|--|---|

WINTRO

Web Intro

EKOS Research Associates has been commissioned by Indigenous Services Canada (ISC) to conduct a survey of all nurses employed by ISC who are currently working in nursing stations, health centres, First Nations and Inuit Health Branch (FNIHB) hospitals, regional, zone, and branch offices. The purpose of the survey is to gather important information concerning the current nursing workforce demographics, work environment and job satisfaction to allow ISC to focus on key human resources management priorities and strategies needed to build a healthy, productive workplace and workforce.

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The survey is voluntary, and by taking part in the survey consent to collect this information is implied.

A few reminders before beginning:

- Definitions to some terms are provided. Hover your mouse over the underlined terms as you move through the survey in order to see the definition.
- On each screen, after selecting your answer, click on the "Next" button at the bottom of the screen to move forward in the questionnaire.
- If you leave the survey before completing it, you can return to the survey URL later, and you will be returned to the page where you left off. Your answers up to that point in the survey will be saved.
- If you have any questions about how to complete the survey, please call EKOS at 1-800-388-2873 or send an email to <ISCNurses@ekos.com> Thank you in advance for your participation.

PRIV

This call may be recorded for quality control or training purposes.

1 - Employment profile

Q1

The first questions are about your employment history. For how many years have you been employed as a nurse?

<[PHONE]Prompt if needed>

Less than 1 year	1
1 year or greater, but less than 2 years	2
2 years or greater, but less than 3 years	3
3 years or greater, but less than 5 years	4
5 years or greater, but less than 10 years	5
10 years or greater, but less than 15 years	6
15 years or greater, but less than 20 years	7
20 years or greater, but less than 25 years	8
25 years or greater	9
Don't know/No response	99

Q1A

For how many years have you been employed as a nurse by your current employer?

<[PHONE]Prompt if needed>

Q1 >= 1	
Less than 1 year	1
Q1 >= 2	
1 year or greater, but less than 2 years	2
Q1 >= 3	
2 years or greater, but less than 3 years	3
Q1 >= 4	
3 years or greater, but less than 5 years	4
Q1 >= 5	
5 years or greater, but less than 10 years	5
Q1 >= 6	
10 years or greater, but less than 15 years	6

Q1 >= 7	
15 years or greater, but less than 20 years	7
Q1 >= 8	
20 years or greater, but less than 25 years	8
Q1 >= 9	
25 years or greater	9
Don't know/No response	99

Q1A5 [1,12]

What aspects of your current job first attracted you to it?

<[PHONE]Read list> <[PHONE]Prompt if needed> (Select all that apply)

Opportunities for expanded scope of practice	1
Opportunity for advancement	2
Desire to work in remote/rural settings	3
Opportunity to work with a diverse culture (First Nations Peoples)	4
Working in a primary health care environment	5
Autonomy in nursing practice	6
Salary and benefits of the job	7
The work hours/flexibility	8
Other, specify :	77
Don't know/No response	99

Q1A6 [1,12]

What aspects keep you working as an employee in this job

<[PHONE]Read list> <[PHONE]Prompt if needed> (Select all that apply)

Opportunities for expanded scope of practice	1
Opportunity for advancement	2
Desire to work in remote/rural settings	3
Opportunity to work with a diverse culture (First Nations Peoples)	4
Working in a primary health care environment	5
Autonomy in nursing practice	6
Salary and benefits of the job	7
The work hours/flexibility	8
Other, specify :	77
Don't know/No response	99

Q2

Which of these best describes your current employment status with your current employer.

<[PHONE]Read list> NOTE: Relief nurse is the same as casual

Full-time: regularly working 30 or more hours a week	1
Part-time: regularly working less than 30 hours a week	2
Casual position (employment that doesn't exceed 120 hours a year)	3
Other, specify :	77
Don't know/No response	99

Q3

Are you considered to be in an indeterminate, or term position?

Indeterminate	1
Term	2
Other, specify :	77

Don't know/No response 99

Q4

Which of the following areas best describes your **primary** area of responsibility?

<[PHONE]Read list> (If more than one, please select the one that you consider to be your main responsibility)

Clinician or clinical care	1
Practice advisors	2
Management	3
Leadership (no direct reports)	4
Education	5
Other, specify :	77
Don't know/No response	99

Q5

Which of the following types of facilities best describes your **primary** place of work?

<[PHONE]Read list> (If more than one, please select the one that you consider to be your main place of work)

Nursing Station	1
Health Centre with treatment component	2
Health Centre without treatment component	3
Regional/Zone/Branch office	4
Other, specify :	77
Don't know/No response	99

Q37D

Are you registered as a Nurse Practitioner?

Yes, working in full scope of practice	1
Yes, working in an extended role	2
No	3
Don't know/No response	99

Q7

Do you currently have any plans to leave your current employment within the next three years, either to retire or for other reasons?

Yes	1
No	2
Don't know/No response	99

Q7B

Yes Q7

What is your expected timeframe for leaving?

(Please select to response that is closest to your plans)

Less than 1 year	1
1 year	2
2 years	3
3 years	4
Don't know/No response	99

Q7C

Yes Q7

What is the main reason you intend to leave?

<[PHONE]Read list> <[PHONE]Prompt if needed>

Retirement	1
Different job	2
Stay at home/parental leave	3
Relocation	4
Other, specify :	77
Don't know/No response	99

2 - Education Profile

Q31

The following questions are about your educational background.

What is your highest nursing education qualification level?

<[PHONE]Read list if necessary>

RN College Diploma	1
Bachelor of Nursing (BN)	2
Bachelor of Science in nursing (BScN)	3
Masters in nursing (MN, MScN)	4
Ph.D. in nursing	5
Don't know/No response	99

Q32

What is your highest non-nursing university education qualification?

<[PHONE]Read list if necessary>

None	1
Non-nursing college certificate/diploma	2
Non-nursing Baccalaureate (BA)	3
Non-nursing Masters	4
Non-nursing Ph.D	5
Non-nursing BSc	6
Other, specify :	77
Don't know/No response	99

Q37B

RN Diploma or BN Q31

Are you planning to enrol in a Bachelor of Nursing program, a Master's program in nursing or in other than a Nurse Practitioner program within the next year?

Planning to enrol in the next year (specify which one) :	77
Already enrolled in one of these programs (specify which one) : Q37B_B	78
No plans to enrol and not currently enrolled in any of these programs	98
Don't know/No response	99

3 - Job Satisfaction

PJS1

The next questions look at aspects of your current work situation that most contribute to your sense of job satisfaction. <[PHONE]For each one tell me if you are very dissatisfied, somewhat dissatisfied, neither satisfied nor dissatisfied, somewhat satisfied or very satisfied with[ELSE]Please rate the extent to which you are satisfied or dissatisfied with> each of the following aspects of your current workplace.

Very dissatisfied 1	1
2	2
Neither satisfied nor dissatisfied 3	3
4	4
Very satisfied 5	5
Not applicable	98
Don't know/ No response	99

JS1

Your family/work life balance

JS2

Your current opportunities for professional development/continuing education

JS3

Your current opportunities for nursing leadership development

JS5

The feedback and support you receive from Nursing Management

JS9

The opportunities you have to participate in policy and practice decisions

JS11

The orientation training (including cultural competency training) provided to new staff

JS4

Your ability to deliver quality care

JS7

The number of healthcare and para-professional staff on duty to provide quality care

JS8

The number of allied health professionals and support staff at your workplace, including technical staff

JS12

The physical maintenance at the facility where you work

JS13

Nursing Station Q5

The quality and availability of living accommodations provided by your employer

JS14

The amount of pay, including base pay and allowances you receive

JS15

The amount of benefits, including health and dental coverage you receive

JS16

The ability to obtain approval for leave requests

JS7B [1,11]

Dissatisfied JS7

You indicated that you are dissatisfied with the number of healthcare and para-professional staff on duty to provide quality care. Which of the following are the type of healthcare and para-professional staff you are most dissatisfied with?

<[PHONE]Read list> (Select all that apply)

Registered Nurses (RNs)	1
Licensed practical nurses (LPNs)	2
Registered psychiatric nurses (RPNs)	3
Nurse practitioners (NPs)	4
Emergency Medical Technicians (EMTs)	5
Physicians	6
Pharmacists	7
Other health care staff (specify) :	77
Prefer not to say	98

JS8B [1,9]

Dissatisfied JS8

You indicated that you are dissatisfied with the number of allied health professionals and support staff at your workplace, including technical staff. Which of the following are the type of allied health professionals and support staff you are most dissatisfied with?

<[PHONE]Read list> (Select all that apply)

Security staff	1
IT staff	2
Facility maintenance staff	3
Health/biomedical technicians	4
Technical equipment maintenance	5
Other staff (specify) :	77
Prefer not to say	98

PJS17

<[PHONE]For each of the following please tell me if you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree or strongly agree.[ELSE]Please indicate whether you agree or disagree with the following.>

Strongly disagree 1	1
2	2
Neither agree nor disagree 3	3
4	4
Strongly agree 5	5
Don't know/No response	99

JS18

Overall, I feel valued at work

JS19

I have opportunities to provide input into decisions that affect my work

JS20

I receive the training I need to do my job

JS21

I am sufficiently informed by **my immediate supervisor** about issues affecting my work

JS22

I am sufficiently informed by **Regional Office** about issues, policies and procedures affecting my work

JS23

I am sufficiently informed by **National Office** about issues, policies and procedures affecting my work

JS17

I feel the quality of my work suffers because of high staff turnover

JS24

The quality of my work suffers because of lack of access to technology

4 – Information Technology (IT)

PIT1

The following questions focus on information technology (IT) at your workplace.

<[PHONE]For each one tell me if you are very dissatisfied, somewhat dissatisfied, neither satisfied nor dissatisfied, somewhat satisfied or very satisfied with[ELSE]Please rate the extent to which you are satisfied or dissatisfied with> each of the following aspects of IT at your work.

IT1

The IT equipment, including computers, software, other standard computing tools

IT2

Clinician or clinical care Q4

The medical/diagnostic equipment used for patient screening/treatment such as telehealth, and x-ray machines

IT3

The reliability of your access to the Internet

IT4

The training you receive to fully use the computers and software available to you at your facility

Very dissatisfied 1	1
2	2
Neither satisfied nor dissatisfied 3	3
4	4
Very satisfied 5	5
Not applicable	98
Don't know/ No response	99

IT5

How easy or difficult is the process for submitting a request for IT support in your workplace?

<[PHONE]Would you say it is (read list)>

Very difficult 1	1
2	2
Neither easy nor difficult 3	3
4	4
Very easy 5	5
Don't know/ No response	99

IT6

How responsive is IT support staff once you have submitted a request? <[PHONE]Would you say (read list)>

Not at all responsive 1	1
2	2
Moderately responsive 3	3
4	4
Very responsive 5	5
Don't know/ No response	99

5 - Payroll System

PS1

Have you experienced any pay or other compensation issues within the past three years?

Yes	1
No	2
Unsure, it depends	99

PS2 [1,9]

What type of issues have you experienced?

<[PHONE]Read list if necessary> <[PHONE]Prompt if needed> (Select all that apply)

Missing regular payment	1
Underpaid	2
Overpaid	3
Errors in processing pay information	4
Errors in pension deductions	5
Errors in leave credits (e.g., vacation, compensation time, family leave)	6
Errors related to change in position/department (e.g., acting pay)	7
Other, specify :	77
No response	99

PS3

Have these issues been resolved?

Yes	1
No	2
Unsure, in progress	99

PS4

How satisfied are you with the support you have received in trying to resolve these issues? <[PHONE]Would you say you are (read list)>

Very dissatisfied 1	1
2	2
Neither satisfied nor dissatisfied 3	3
4	4
Very satisfied 5	5
Not applicable	98
Don't know/ No response	99

6 – Communications & Policy Awareness

CM1

What is the primary method you use to communicate with your workplace?

<[PHONE]Prompt if needed>

Work Email	1
Personal e-mail	2
Work phone	3
Personal phone	4
Other method (specify) :	77
No response	99

CM2

Is this your preferred method of communication with your employer regarding new / changes in policies, events / announcements?

Yes	1
No	2
Unsure, it depends	99

CM3

Not preferred method of communicating, QCM2

How would you prefer to communicate with your workplace to obtain information?

<[PHONE]Prompt if needed>

Work Email	1
Personal e-mail	2
Work phone	3
Personal phone	4
Other method (specify) :	77
No response	99

CM4 [1,6]

Not preferred method of communicating, QCM2

Which of the following would you need that you do not currently have in order to communicate using your preferred method?

<[PHONE]Prompt if needed> (Select all that apply)

Nothing	1
A mobile phone to use for work	2
Access to a computer onsite	3
Access to a computer at home	4
Other requirement (specify) :	77
No response	99

CM5

Have you been informed by your employer about the Truth and Reconciliation (TRC) Calls to Action?

Yes	1
No	2
Unsure/Do not recall	99

CM6

Yes were informed of TRC Calls to Action, CM5

Have you experienced any changes in your workplace as a result of the Truth and Reconciliation (TRC) Calls to Action? <[PHONE]Would you say (read list)>

No positive impact at all	1
2	2
A moderate positive impact	3
4	4
A strong positive impact	5
Don't know/ No response	99

7 - Safety & Security

QSS1 [1,12]

Which of the following, if any, have had an adverse impact on your sense of personal safety and security at work?

<[PHONE]Read list> (Select all that apply)

Not enough staff	1
The level or quality of staff	2
The physical work environment (e.g., layout and security features)	3
The location of the facility in the community	4
Verbal threats from other staff	5
Physical threats from other staff	6
Verbal threats from patients/family members	7
Physical threats from patients/family members	8
Other safety/security concerns (specify) :	77
No safety and security issues	98
Don't know/No response	99

QSS2

Have you participated in Nursing Safety and Awareness Training (NSAT)?

Yes	1
No	2
Do not recall / No response	99

QSS3

Yes QSS2

Do you feel that this has made a positive contribution to your personal safety and security at work? <[PHONE]Would you say (read list)>

No positive impact at all	1
2	2
A moderate positive impact	3
4	4
A strong positive impact	5
Don't know/ No response	99

QSS4

Are you aware of Occupational and Critical Incident Stress Management (OCISM) resources at your place of work?

Yes	1
No	2
Not sure	99

QSS5

Yes QSS4

How satisfied are you with the follow-up actions following the Occupational and Critical Incident Stress Management (OCISM) process within your place of work? <[PHONE]Would you say (read list)>

Very dissatisfied 1	1
2	2
Neither satisfied nor dissatisfied 3	3
4	4
Very satisfied 5	5
Not applicable Have not made a report	98
Don't know/ No response	99

8 - Stress

QST1 [1,15]

Which of the following factors, if any, cause you stress on a regular basis at work?

<[PHONE]Read list> Select all that apply

Pay and other compensation-related issues	1
Heavy workload	2
Feeling isolated	3
Lack of teamwork	4
Not enough employees to do the work	5
Overtime or long hours	6
Physical work environment	7
Balancing work and personal life	8
Competing/changing priorities	9
Harassment (from management, co-workers, or patients)	10
Lack of resources to do the work (e.g., supplies, equipment, access to computers/Internet)	11
Lack of support and technical staff	12
Lack of orientation/training	13
Other, specify :	77
No issues related to stress	98
Don't know/No response	99

QST2

All things considered, how would you rate your level of regular work-related stress? <[PHONE]Would you say (read list)>

Very low	1
Low	2
Moderate	3
High	4

Very high	5
Don't know/prefer not to say	99

QST3

How satisfied are you with the quality and availability of resources to help relieve stress at your workplace? <[PHONE]Would you say (read list)>

Very dissatisfied 1	1
2	2
Neither satisfied nor dissatisfied 3	3
4	4
Very satisfied 5	5
Don't know/ No response	99

QST4 [1,10]

Which of the following would be useful to you in helping to relieve stress?

<[PHONE]Read list> Select all that apply

More support staff	1
More clinical staff	2
More/better equipment	3
Improved communication	4
Safe work environment	5
More support from management/leadership	6
More annual leave	7
More professional development	8
More orientation/training	9
Other, specify :	77
Nothing necessary	98
Don't know/No response	99

9 – Indigenous Traditional Health Knowledge

QIK1

To what extent would you say you are aware of (i.e., have an understanding of) the terms Indigenous cultural awareness, safety & humility? <[PHONE]Would you say (read list)>

Not at all 1	1
2	2
Moderately 3	3
4	4
Very 5	5
Don't know/ No response	99

QIK2

How often do you have access to language interpreters when required to provide client care? <[PHONE]Would you say (read list)>

All or most of the time	1
Some of the time	2
Occasionally	3
Rarely or never	4

Not applicable	98
Don't know/prefer not to say	99

QIK3

How satisfied are you with number of opportunities and degree of support in your work environment to incorporate traditional medicine into your nursing practice? <[PHONE]Would you say (read list)>

Very dissatisfied 1	1
2	2
Neither satisfied nor dissatisfied 3	3
4	4
Very satisfied 5	5
Not applicable	98
Don't know/ No response	99

10 – Socio-demographics

QAGE

Finally, the following questions will be used for statistical purposes only. What is your age group?

30 or younger	1
31-40	2
41-50	3
51-60	4
61 or older	5
Prefer not to specify	99

QGEND

What is your gender?

Male	1
Female	2
Other (please specify) :	77
Prefer not to specify	99

QABO

Do you self-identify as an Aboriginal person? (Defined as : A person that is a North American Indian or a member of a First Nation, a Métis, or Inuit. North American Indians or members of a First Nation include status, treaty or registered Indians, as well as non-status and non-registered Indians")

Yes	1
No	2
Prefer not to specify	99

THNK

Thank you for taking the time to participate! Your input will be very helpful in future planning and policy decisions to build a healthy, productive workplace and workforce.

C. KEY REGIONAL RESULTS BY THEMATIC AREA

Following are results for survey items where there are significant and substantive differences in one or more region(s). Questions are organized by thematic area, following the same flow as presented in the body of the report. In each cell the top number is the number of employees providing this response in a given region. The bottom number is the percentage this represents of all employees in that region who responded to the question. In some cases, where fewer than 10 employees responded, no results can be provided, indicated with NA (Not Available), in order to preserve confidentiality. Results for Quebec and Atlantic were combined for this reason. Bold font has been used in cells where the result for a specific region is significantly and substantively different from the overall results.

Table 13: Key Regional Results by Thematic Area

	Total	AB	SK	MB	ON	NCR	QC/ATL
<i>n=</i>	322	53	47	60	98	32	31
EMPLOYMENT							
Q2 Which of these best describes your current employment status with your current employer.							
Full-time: regularly working 30 or more hours a week	213 61%	35 66%	41 87%	30 50%	44 45%	32 100%	30 97%
Part-time: regularly working less than 30 hours a week	83 30%	NA	NA	24 40%	44 45%	NA	NA
Q4 Which of the following areas best describes your primary area of responsibility?							
Clinician or clinical care	165 54%	26 49%	22 47%	34 57%	71 72%	NA	NA
Q5 Which of the following types of facilities best describes your primary place of work?							
Nursing Station	109 39%	12 23%	NA	30 50%	60 61%	NA	NA
RECRUITMENT & RETENTION							
Q1A5. What aspects of your current job first attracted you to it?							
Opportunities for expanded scope of practice	167 55%	23 43%	13 28%	38 63%	67 68%	14 44%	12 38%
Desire to work in remote/rural settings	175 59%	29 55%	16 34%	45 75%	66 67%	10 31%	NA
Working in a primary health care environment	121 42%	12 23%	NA	34 57%	52 53%	NA	NA

	Total	AB	SK	MB	ON	NCR	QC/ATL
n=	322	53	47	60	98	32	31

Q7 Do you currently have any plans to leave your current employment within the next three years, either to retire or for other reasons?

Yes	109 36%	20 38%	14 30%	22 37%	46 47%	NA	NA
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JOB SATISFACTION

Please indicate whether you agree or disagree with the following.

<i>QJS18X Overall, I feel valued at work</i>	189 58%	37 70%	36 77%	36 60%	38 39%	24 75%	17 55%
Agree (4-5)							

Please rate the extent to which you are satisfied or dissatisfied with each of the following aspects of your current workplace:

<i>QJS4X Your ability to deliver quality care</i>	183 60%	33 62%	32 68%	44 73%	50 51%	12 38%	11 36%
Satisfied (4-5)							

Please rate the extent to which you are satisfied or dissatisfied with each of the following aspects of your current workplace:

<i>QJS5X The feedback and support you receive from Nursing Management</i>	153 46%	27 51%	30 64%	24 40%	35 36%	22 69%	14 45%
Satisfied (4-5)							

<i>QJS7X The number of healthcare and para-professional staff on duty to provide quality care</i>	83 28%	14 26%	12 26%	24 40%	20 20%	NA	NA
Satisfied (4-5)							

<i>QJS8X The number of allied health professionals and support staff at your workplace, including technical staff</i>	87 28%	14 26%	14 30%	23 38%	15 15%	14 44%	NA
Satisfied (4-5)							

<i>QJS12X The physical maintenance at the facility where you work</i>	131 42%	30 57%	25 53%	29 48%	27 28%	NA	13 43%
Satisfied (4-5)							

Please rate the extent to which you are satisfied or dissatisfied with each of the following aspects of your current workplace:

<i>QJS9X The opportunities you have to participate in policy and practice decisions</i>	128 38%	22 42%	26 55%	22 37%	22 22%	22 69%	13 43%
Satisfied (4-5)							

	Total	AB	SK	MB	ON	NCR	QC/ATL
<i>n</i> =	322	53	47	60	98	32	31
Please indicate whether you agree or disagree with the following.							
<i>QJS19X I have opportunities to provide input into decisions that affect my work</i> Agree (4-5)	173 52%	32 60%	31 66%	31 52%	34 35%	25 78%	19 62%
Please rate the extent to which you are satisfied or dissatisfied with each of the following aspects of your current workplace:							
<i>QJS1X Your family/work life balance</i> Satisfied (4-5)	196 59%	37 70%	34 72%	36 60%	41 42%	22 69%	25 80%
QST2X All things considered, how would you rate your level of regular work-related stress?							
High (4-5)	99 33%	11 21%	13 28%	23 38%	40 41%	NA	NA
QST3X How satisfied are you with the quality and availability of resources to help relieve stress at your workplace?							
Dissatisfied (1-2)	128 41%	18 34%	12 26%	23 38%	58 59%	NA	10 32%
QST4 Which of the following would be useful to you in helping to relieve stress?							
More support staff	152 50%	20 38%	16 34%	36 60%	59 60%	NA	NA
More clinical staff	128 44%	20 38%	10 21%	34 57%	54 55%	NA	NA
More/better equipment	119 41%	17 32%	NA	31 52%	53 54%	NA	NA
Improved communication	178 58%	28 53%	19 40%	43 72%	58 59%	14 44%	15 47%
Safe work environment	92 32%	NA	NA	27 45%	41 42%	NA	NA
More support from management/leadership	156 52%	22 42%	11 23%	39 65%	59 60%	10 31%	15 48%
More professional development	146 50%	27 51%	NA	36 60%	57 58%	12 38%	NA

	Total	AB	SK	MB	ON	NCR	QC/ATL
n=	322	53	47	60	98	32	31

Please rate the extent to which you are satisfied or dissatisfied with each of the following aspects of your current workplace:

<i>QJS11X The orientation training (including cultural competency training) provided to new staff</i> Dissatisfied (1-2)	106 31%	15 28%	18 38%	15 25%	34 35%	NA	17 53%
<i>QJS2X Your current opportunities for professional development/ continuing education</i> Satisfied (4-5)	181 54%	25 47%	35 74%	33 55%	38 39%	26 81%	23 75%
<i>QJS3X Your current opportunities for nursing leadership development</i> Satisfied (4-5)	131 40%	20 38%	21 45%	25 42%	25 26%	23 72%	16 52%
<i>QJS14X The amount of pay, including base pay and allowances you receive</i> Satisfied (4-5)	171 51%	30 57%	26 55%	29 48%	39 40%	22 69%	24 77%
<i>QJS15X The amount of benefits, including health and dental coverage you receive</i> Satisfied (4-5)	193 59%	26 49%	30 64%	39 65%	47 48%	23 72%	27 87%
<i>QJS16X The ability to obtain approval for leave requests</i> Satisfied (4-5)	228 68%	35 66%	44 94%	36 60%	59 60%	27 84%	26 84%

QPS1 Have you experienced any pay or other compensation issues within the past three years?

Yes	223 70%	39 74%	28 60%	40 67%	79 81%	14 44%	23 75%
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COMMUNICATIONS

Please indicate whether you agree or disagree with the following.

<i>QJS23X I am sufficiently informed by National Office about issues, policies and procedures affecting my work</i> Agree (4-5)	100 30%	20 38%	13 28%	17 28%	22 22%	18 56%	NA
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	Total	AB	SK	MB	ON	NCR	QC/ATL
<i>n=</i>	322	53	47	60	98	32	31
<i>QJS24X The quality of my work suffers because of lack of access to technology</i> Agree (4-5)	166 54%	21 40%	21 45%	36 60%	66 67%	NA	13 43%

IM/IT

Please rate the extent to which you are satisfied or dissatisfied with each of the following aspects of IT at your work

<i>QIT1X The IT equipment, including computers, software, other standard computing tools</i> Satisfied (4-5)	93 27%	20 38%	20 43%	14 23%	14 14%	14 44%	10 31%
<i>QIT3X The reliability of your access to the Internet</i> Satisfied (4-5)	128 36%	20 38%	28 60%	16 27%	26 27%	21 66%	16 51%

QIT6X How responsive is IT support staff once you have submitted a request?

Low (1-2)	99 35%	10 19%	NA	31 52%	37 38%	NA	NA
High (4-5)	88 24%	18 34%	13 28%	NA	23 23%	11 34%	15 48%

QSS1 Which of the following, if any, have had an adverse impact on your sense of personal safety and security at work?

Not enough staff	137 46%	21 40%	11 23%	33 55%	61 62%	NA	NA
The level or quality of staff	126 41%	17 32%	NA	25 42%	63 64%	NA	NA
The physical work environment	149 47%	18 34%	26 55%	29 48%	59 60%	NA	11 34%
Verbal threats from patients/ family members	85 30%	NA	10 21%	25 42%	35 36%	NA	NA
Physical threats from patients/ family members	44 16%	NA	NA	15 25%	17 17%	NA	NA

QIK3X How satisfied are you with number of opportunities and degree of support in your work environment to incorporate traditional medicine into your nursing practice?

Satisfied (4-5)	60 21%	10 19%	11 23%	19 32%	13 13%	NA	NA
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