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# ISC Nursing Workforce Survey

## *Summary*

### **Prepared for Indigenous Services Canada**

**Supplier:** EKOS RESEARCH ASSOCIATES INC.

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**Canada**

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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. 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](mailto:aandc.infopubs.aadnc@canada.ca).

## **E. CONTRACT VALUE**

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

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To obtain more information on this study, please e-mail [communicationspublications@canada.ca](mailto: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)