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# ISC Nursing Workforce Survey 2023

## *Executive Summary*

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

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*Ce rapport est aussi disponible en français*

Canada

# ISC Nurses Workforce Survey 2023

## Final Report

**Prepared for Indigenous Services Canada**

**Supplier name:** EKOS RESEARCH ASSOCIATES INC.

**Date:** May 2023

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 340 nurses between March 20 and May 3, 2023.

Cette publication est aussi disponible en français sous le titre : Sondage 2023 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 Indigenous peoples to independently deliver services and address the socio-economic conditions in their communities. This includes the delivery of sustainable, quality healthcare services to Indigenous communities. This is only possible in community healthcare if the department can stabilize its nursing workforce. Stabilizing this workforce is essential to improve First Nations communities' continuity and quality of care. 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.

Indigenous Services Canada (ISC) conducted the current nursing workforce survey in follow-up to surveys conducted in 2002, 2006 and 2020. The 2023 survey provides an opportunity to compare results with 2020 and provide data concerning the impact of the pandemic, which is particularly important considering the global nursing shortage and the reported increased vacancy rates in remote and isolated First Nations communities. The specific objectives of the 2023 nurses’ workforce survey were to:

- Gather current information, using survey questions, on the existing ISC nurses’ demographics, job satisfaction and future employment intentions to:
  - Improve upon the current Nursing Health Human Resource Framework (NHHRF) 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.
- 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, and 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/or isolated communities; and
  - B) Indigenous communities across Canada.
- Utilize previous survey data to describe the impact of the pandemic on the nursing workforce, comparing indicators (as outlined), highlighting changes which have occurred as a result, and,
- To outline key findings and recommendations for future nursing human resource planning.

## B. METHODOLOGY

The 2023 survey was finalized after an extensive review by the ISC Workforce Survey Advisory Committee. As the goal was to allow for a direct comparison of results to the 2020 survey, the 2020 survey was essentially unchanged except for removing several lower-priority questions to add several new questions. Following the programming and translation of the survey, an invitation to participate was sent to 10 cases in English and 10 cases in French to participate in a pretest online. There were 12 cases completed in the pretest, seven in English and five in French. Some minor changes were subsequently made to clarify a few questions, and the survey was launched online on March 20, 2023, and closed on May 3, 2023.

During data collection, weekly reminders were sent by EKOS, as well as a minimum of four reminder calls where a telephone number was listed, to all non-responding nurses. ISC took a multi-pronged approach to communicate with nurses and build awareness of the survey. Before the launch of the survey, an email was sent jointly by the First Nations and Inuit Health Branch (FNIHB), Senior Assistant Deputy Minister (SADM) and Assistant Deputy Minister Regional Operations (ADM-RO) to inform all nursing staff of the upcoming census survey. Messaging to alert nurses to the survey was also included in *The Express* and Nursing Services Response Centre (NSRC) newsletters. A reminder to participate was sent by the Office of Primary Health Care Director General Office to all ISC nurse employees at the mid-point of the field duration. Communication was sent by email in the last week of fieldwork to nurses by the ISC FNIHB Senior Director of Primary Health Care Services to Directors of Nursing and Regional Executives to encourage participation among nurses and remind them that EKOS is conducting the survey with associated email and call display details.

340 of the 758 nurses at ISC participated in the survey. Of these, 289 participated online. The overall response rate was 45%. Of the 340 responding nurses, 67 identified as Indigenous. 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 340 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) (59%). The remainder primarily have a Masters in nursing (19%) or an RN College Diploma (11%).

## ***Employment***

Nearly one in three have been nurses for 25 years or more. Another 26% have been a nurse for 15 to 25 years, and 33% have been employed for 5 to 15 years. Only 10% have worked as a nurse for less than five years. Regarding employment with ISC specifically, 48% of respondents have been with ISC for fewer than five years, a notable increase from 36% in 2020.

Similar to 2020, three in five (60%) nurses responding to the survey are working full-time, more than 30 hours per week. Three in ten (29%) are working part-time, while one in ten is in either a casual position (7%) or another (4%) employment arrangement. Over half of the nurses responding to the survey are employed as a clinician or in clinical care, while 17% are practice advisors and 15% are in management.

## ***Workplace***

Most nurses responding to the survey work at a nursing station (44%) or a regional, zone, or branch office (32%). Far fewer are located in a health centre either with a treatment component (9%) or without a treatment component (6%). One in ten is registered as a Nurse Practitioner (NP).

## ***Recruitment and Retention***

The majority were first attracted to their job because of the opportunity to work with a diverse culture (73%). Over half were first attracted by the job because of the autonomy in nursing practice. Nearly half (47%) were attracted to the job because of a desire to work in remote or rural settings, and 29% continue to stay for this reason. Most motivations experienced a decrease from 2020.

One in three nurses in the survey plan to leave their current employer in the next three years, unchanged from 2020. Of those planning to leave, 36% expect to leave within the year. The primary reasons for those planning to leave include retirement (38%) or a different job (22%). Three in five nurses (61%) responding to the survey agree the quality of their work suffers because of high staff turnover, an increase from 54% in 2020.

## ***Job Satisfaction***

Just over half (51%) of the nurses responding to the survey agree that they feel valued at work; one in three (33%) disagree. Half also agree that they are satisfied with their ability to deliver quality care. Fewer nurses responding to the survey are satisfied with their support on the job, a decrease from 2020. Less than half are satisfied with the feedback and support they receive from nursing management (44%) or the physical maintenance at their work facility (34%).

Fewer are satisfied with the number of allied health professionals or support staff at their workplace, including technical staff (25%), or the number of healthcare and paraprofessional staff on duty to provide quality care (17%), with considerably larger proportions who are dissatisfied. Across these areas, results are weaker among clinicians, those working in nursing stations, and those working part-time or casual.

About half (52%) 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 nearly as many nurses indicating they are dissatisfied (35%) as are satisfied (33%). Again, employees working in clinical care, nursing stations, and working part-time or casual express less satisfaction in these areas.

Two in five (39%) nurses participating in the survey say they regularly have a high level of work-related stress, an increase from 33% in 2020. The top sources of stress are not enough employees to do the work (66%) and heavy workload (61%). Six in ten are satisfied with their family and work-life balance, consistent with 2020.

Slightly over half of nurses in the survey are satisfied with the current opportunities for professional development or continuing education, although 25% are dissatisfied. Only one in three (33%) nurses are satisfied with the amount of pay, including base pay and allowances, a notable decrease from 51% in 2020. Nearly half (47%) are satisfied with the benefits, including health and dental coverage they receive; however, this has also decreased from 59% in 2020. Nearly two in three (64%) have experienced pay or other compensation issues within the past three years. Nurses working in clinical care, at a nursing station or health centre with treatment, or are part-time or casual 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 (38%), or national office (28%). About four in five (80%) say they currently communicate in their preferred method of communication, notably through work email (71%, an increase from 57% in 2020).

### ***Information Management and Technology***

Satisfaction with IT-related issues has increased since 2020. While two in five (42%) nurses agree their quality of work suffers due to a lack of access to technology, this decreased from 54% in 2020. More nurses responding to the survey are satisfied with the reliability of access to the internet (53%, a notable increase from 36% in 2020), IT equipment (40%, up from 27%), training to use computers or software (28%) or medical or diagnostic equipment (23%). Twice

as many nurses say it is easy (61%) to submit a request for IT support as in 2020 (30%). Results are higher among practice advisors or educators, in management or leadership positions, working in a regional, zone or branch office, or working full time. Three in five (61%) nurses say IT support staff is responsive to a submitted request, a vast increase from 24% in 2020.

### ***Safety and Security***

There is a list of factors that have negatively impacted nurses' sense of safety and security at work. These primarily include not enough staff (55%), the level or quality of staff (46%), the physical work environment (41%), verbal (32%) or physical (18%) threats from patients or family members.

Just over half (53%) of nurses have participated in Nursing Safety Awareness Training (NSAT), and 20% feel this has positively contributed to their workplace safety and security. Both results have experienced a decline from 2020.

Most nurses (81%) say they are aware of the Occupational and Critical Incident Stress Management (OCISM) resources, and 46% indicate they have participated in OCISM training. Over one in four (28%) feel their work environment allows them to practice the skills obtained through OCISM, while one in five (19%) say access to OCISM services has increased their intention to stay.

Three in four (75%) nurses responding to the survey are aware of the Nursing Services Response Centre (NSRC). Of these, nearly three in four (72%) said they had used the services of the NSRC in the last year. Satisfaction with the NSRC is relatively high, with 84% of those who have used the services indicating satisfaction; only 4% are dissatisfied. Nine in ten (90%) would recommend the services of the NSRC to colleagues.

### ***TRC Calls to Action***

Two in three nurses responding to the survey have been informed about the Truth and Reconciliation (TRC) Calls to Action. However, only 17% feel they have experienced any changes to their workplace due to the TRC Calls to Action.

### ***Indigenous Traditional Health Knowledge Exchange***

Nearly three in four nurses responding to the survey strongly understand Indigenous cultural awareness, safety and humility, which is higher among Indigenous nurses. Nearly one in three (23%) have access to language interpreters all or most of the time, and 14% have access some of the time, although access is much greater among nurses in clinical care, at a nursing station

or health centre with treatment, or are part-time or casual. Less than one in five (16%) 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 central portion of the narrative and are typically supported by graphic or tabular presentation. 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. To preserve confidentiality, study results were not reported for groups smaller than 20, nor were individual results reported where they represented fewer than ten 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.

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, mainly where they are not sizable (e.g., 10% or greater). Results may also not total 100% due to rounding.

Results are compared with the 2006 survey findings (n=222) when appropriate. Maintaining a fulsome comparison of results with 2006 is impossible due to changes in question-wording and rating scales in some instances.

## **E. CONTRACT VALUE**

The contract value for the POR project is \$48,951.60 (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 Policy on Communications and Federal Identity and the Directive on the Management of Communications. 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)