REGISTERED PSYCHIATRIC NURSES

Workforce Trends of Registered Psychiatric Nurses in Canada, 2006

Health Human Resources Database

Canadian Institute for Health Information
Institut canadien d'information sur la santé

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List of Data Tables on the CIHI Website (www.cihi.ca/nurses)

Series A—Total Registrations

Series B—Employment Status

Series C—Place of Work

Series D—Area of Responsibility

Series E—Position

Series F—Multiple Employment Status

Series G—Sex

Series H—Location of Graduation

Series I—Years Since Graduation

Please refer to Appendix D for a complete list of data tables available on the CIHI website.

Preface

The Canadian Institute for Health Information (CIHI) collects and analyzes information on health and health care in Canada and makes it publicly available. Canada's federal, provincial and territorial governments created CIHI as a not-for-profit, independent organization dedicated to forging a common approach to Canadian health information. CIHI's goal: to provide timely, accurate and comparable information. CIHI's data and reports inform health policies, support the effective delivery of health services and raise awareness among Canadians of the factors that contribute to good health.

To meet this mandate, CIHI's core functions include the coordination and promotion of national health information standards and health indicators, the development and management of health databases and registries, the funding and facilitation of population health research and analysis, the coordination and development of education sessions and conferences, and the production and dissemination of health information research and analysis.

The Registered Psychiatric Nurses Database (RPNDB) is one example of a health database maintained by CIHI. Any questions or requests regarding this publication or the Registered Psychiatric Nurses Database should be directed to:

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CIHI would also like to thank the following associations and colleges, without their effort, commitment and collaboration, a national registered psychiatric nurse database could not exist:

- College of Registered Psychiatric Nurses of Manitoba;
- Registered Psychiatric Nurses Association of Saskatchewan;
- College of Registered Psychiatric Nurses of Alberta;
- College of Registered Psychiatric Nurses of British Columbia.

We wish to extend our thanks and gratitude to all registered nurses caring for and improving the lives of Canadians.

Please note that the analyses and conclusions in the present document do not necessarily reflect those of the individuals or organizations mentioned above.

Introduction

The Health Human Resources team of the Canadian Institute for Health Information (CIHI) is pleased to present *Workforce Trends of Registered Psychiatric Nurses in Canada, 2006*. This is the fifth publication produced by CIHI on the supply of the Registered Psychiatric Nurse (RPN) workforce.

The supply information contained in the Registered Psychiatric Nurses Database (RPNDB) is one key component to health human resource planning. An investigation into the number of health professionals required for a jurisdiction must begin with an understanding of the current supply, and how that supply is changing.

The RPNDB was developed by CIHI and the regulatory authorities for registered psychiatric nursing for the 2002 data year to complement similar databases on the registered nurse and licensed practical nurse workforces. Previously, only minimal information was available on the registered psychiatric nurse (RPN) workforce in Canada. With these three nursing databases, CIHI is able to report workforce statistics for all regulated nurse professionals in Canada. The presentation of clear, objective data and data analysis enables informed decision-making and supports policy formulation.

CIHI has again released the latest licensed practical nurse, registered nurse and registered psychiatric nurse statistics simultaneously. The annual publications for each profession have been standardized as much as possible to allow for cross-profession analyses. With this publication format, CIHI continues to view regulated nursing professionals as both a single group with common challenges and as three distinct professions with separate histories and unique challenges.

This year's printed publication includes:

- Highlights for the RPN workforce;
- A data analysis section with a comparison of 2003 and 2006 RPN data;
- A comprehensive methodological notes section; and
- A detailed examination of the discrepancy between CIHI statistics and year-end statistics published by each RPN regulatory authority.

For the second time, CIHI will be presenting information on the entire regulated nursing workforce in Canada in the accompanying summary report, *Highlights From the Regulated Nursing Workforce in Canada, 2006*.

This companion report includes:

- National, provincial and territorial highlights for the entire regulated nursing workforce;
- An analysis section with statistics presented on the nursing workforce in each of Canada's health regions; and
- Summary data tables with 2006 licensed practical nurse (LPN), registered nurse (RN), and registered psychiatric nurse (RPN) data (also available on our website at www.cihi.ca/nurses).

It is our hope that these reports provide a solid foundation for the work of those with an interest in nursing resources in Canada.

Highlights of the RPN Workforce

This is the fifth year of data collection and the fifth *Workforce Trends of Registered Psychiatric Nurses* publication. This report highlights registered psychiatric nurse (RPN) workforce issues and helps to underline the need for further data development relevant to the management of nursing resources. These data are used to support current and future work in health human resources planning, policy development and research.

Registered psychiatric nursing is a distinct regulated nursing profession; RPNs are educated and regulated separately from other regulated nursing professionals in the four western provinces of Canada (Manitoba, Saskatchewan, Alberta and British Columbia).

Supply of the RPN Workforce

- In 2006, a total of 5,235 RPNs registered for practice, an increase of 0.5% from 5,211 registrations in 2003.
- In 2006, there were 5,051 RPNs employed in psychiatric nursing in Canada, a decrease of 1.1% from 5,107 in 2003. Just over 40 percent (40.6%) of the national RPN workforce worked in British Columbia.
- In 2006, 81.1% of the RPN workforce lived in urban areas of Canada, ranging from a high of 94.6% in British Columbia to a low of 61.8% in Alberta.

Demographic Trends of the RPN Workforce

- In 2006, 77.5% of the RPN workforce was female and 22.5% male. Alberta had the highest proportion of male RPNs at 25.7%.
- The average age of the RPN workforce in Canada in 2006 was 47.2 years. British Columbia had the highest average age at 47.5 years and Manitoba with the lowest at 46.9 years.
- In 2006, 27.3% of Canada's RPN workforce was 55 years of age or older, compared to 25.7% in 2005.

Education Trends of the RPN Workforce

- The majority of the 2006 RPN workforce graduated from a diploma program in psychiatric nursing before entering the workforce. As in the previous year, Manitoba had the highest proportion of RPNs earning a baccalaureate prior to practice, at 12.0% in 2006 and 9.5% in 2005.
- Of the 5,051 RPNs employed in psychiatric nursing in 2006, 6.6% obtained their initial psychiatric nursing education outside of Canada. Of these internationally educated-trained graduates, 81.3% received their psychiatric nursing education in the United Kingdom.
- The percentage of graduates aged 30 years or older at the time of graduation has also increased. Among the current RPN workforce, 16.8% of those graduating in the 1980s were aged 30 years or older at the time of graduation. This compares to 34.7% of graduates from the 1990s and 37.0% since the year 2000.

Employment Trends of the RPN Workforce

- Excluding "Status Unknown," 68.2% of the RPN workforce were employed on a full-time basis, 19.2% were employed on a part-time basis, and 12.6% were employed on a casual basis in 2006.
- In 2006, 20.8% of RPNs reported having more than one employer in psychiatric nursing. Multiple employment rates varied from a low of 16.2% in Manitoba to a high of 25.4% in British Columbia.
- Where RPNs work varies by province. For example, 39.7% of Manitoba's RPNs were employed in the community health sector, whereas 58.9% of Alberta's RPNs were employed in the hospital sector.
- Among all areas of responsibility, the most frequently identified areas in 2006 were acute services (24.3%), geriatric/long-term care (20.0%), and other direct care (11.4%). These categories are typically amongst the most frequent each year.
- The proportion of RPNs employed as Managers varied between 7.8% in Alberta and 14.6% in British Columbia in 2006.
- The average age of managers was 50.5 years in 2006, compared to an average age of 46.5 years for staff psychiatric nurses.

Mobility Trends of the RPN Workforce

- Of the 5,051 RPNs employed in psychiatric nursing in Canada, 93.4% graduated from a psychiatric nursing program in Canada and 6.6% graduated from an international nursing program. The RPN workforce of British Columbia had the highest concentration of internationally educated graduates (10.8%). In contrast, 1.1% of the Saskatchewan RPN workforce graduated from an international nursing school.
- The Manitoba and Saskatchewan workforces have comparatively fewer internationally educated and interprovincial graduates, with 96.2% and 91.8% of their respective 2006 workforces graduating from psychiatric nursing programs in those provinces. In contrast, 72.4% of the 2006 British Columbia RPN workforce and 63.0% of the Alberta workforce graduated in these provinces; these workforces include comparatively more internationally educated and interprovincial graduates.
- Among Canadian graduates in the 2006 RPN workforce, those graduating from psychiatric nursing programs in British Columbia (96.8%), and Alberta (85.2%) were the most likely to be employed in their province of graduation. Overall, 83.9% were employed in the same jurisdiction from which they graduated.

Data Analysis

Methodological Overview

The data and information presented in this publication are from the Registered Psychiatric Nurses Database. This database is maintained by the Canadian Institute for Health Information.

To practise as a registered psychiatric nurse in Manitoba, Saskatchewan, Alberta or British Columbia, annual registration with the respective provincial regulatory authority is mandatory.[i] This requires the completion of a registration form.

The annual registration form is the property of the provincial regulatory authorities. They are the owners of the registration form and its content. However, through an agreement with CIHI, there exists a standardized set of questions that each regulatory authority includes on their provincial registration form. These questions pertain to the demographic, education and employment characteristics of the registered psychiatric nurse.

The regulatory authorities are responsible for administering the registration form annually. When the completed forms are returned from the registered psychiatric nurses, the data are entered into databases by the regulatory authority.

Under the agreement with CIHI, a portion of this information is submitted to CIHI once per year. CIHI and the regulatory authorities jointly review and scrutinize the new data, applying the principles of data quality. Once the data are complete, CIHI adds the new data to the multi-year RPN database for analysis and reporting.

The Methodological Notes in this publication provide more detail into CIHI's review process, and highlight any observed changes in data trends. While this information may be exhaustive, it is important for readers to understand how the data are collected, reviewed and reported by CIHI. This is particularly true for two reasons: first, the statistics reported by CIHI will differ from the statistics reported by the regulatory authorities, even though the source of the data (the annual registration forms) is the same. Second, changes in the registration forms can impact trends in the data; CIHI aims to highlight and explain these unexpected "jumps" in the data.

Any questions regarding the methodology may be sent to nursing@cihi.ca.

i. Registered psychiatric nurses are educated and regulated as a separate nursing profession in Manitoba, Saskatchewan, Alberta and British Columbia only. RPNs may work in other provinces under a different designation, the title "registered psychiatric nurse" is not recognized outside of the four western provinces.

Note to Readers

1. The terms *regulated nursing workforce* and *nursing workforce* are used in this publication and accompanying documents to include members of the registered psychiatric nurse, registered nurse and licensed practical nurse workforces. The term *RPN workforce* includes only registered psychiatric nurses who were employed in psychiatric nursing at the time of annual registration.

2. The statistics presented in this publication, and on the CIHI website, have been reviewed and authorized by representatives of the provincial psychiatric nursing regulatory bodies responsible for the regulation and licensure of registered psychiatric nurses.

3. Registered psychiatric nurses are educated and regulated as a separate nursing profession in Manitoba, Saskatchewan, Alberta and British Columbia only. RPNs may work in other provinces under a different designation, but the title "registered psychiatric nurse" is not recognized outside of the four western provinces.

4. CIHI figures will not be the same as figures published by provincial psychiatric nursing regulatory authorities for the following reasons:

   i. **Collection Period**—The statistics released by provincial RPN authorities are year-end statistics that include all registrations received during the 12-month registration period. In contrast, CIHI collects data after the first six months of the 12-month registration period, in an effort to ensure timely information. Although the resulting under-coverage is typically only 1–5%, the statistics released by CIHI are less than provincial statistics.

   ii. **Differences in Definition**—Regulatory authorities typically report the total number of "Active" registrations received during the registration year. An Active registration enables the RPN to work in that jurisdiction, but does not distinguish between those employed in psychiatric nursing and those not employed in psychiatric nursing: the Active total represents the maximum number of RPNs eligible to work in a particular jurisdiction in that year. In contrast, CIHI divides the Active total into four categories: "Employed in Psychiatric Nursing," "Employed in Other Than Psychiatric Nursing," "Not Employed" and "Not Stated." RPNs employed in other than psychiatric nursing, RPNs not employed, and RPNs failing to state their employment status are removed from most CIHI analyses.

   iii. **Exclusions From CIHI Data**—CIHI statistics do not necessarily include (a) psychiatric nurses who are on maternity/paternity leave (or other types of leave) at the time of annual registration; and (b) first-time registrants (whether new graduates or those entering from other provinces/territories or countries). In each case, these RPNs may be included in statistics published by provincial regulatory authorities.

   iv. **CIHI Editing and Processing**—The CIHI database is not an amalgamation of provincial data. When data files are submitted, CIHI removes from analysis records that do not reflect the primary jurisdiction of employment. This is done so that CIHI can accurately determine the size of the RPN workforce in Canada. Provincial associations typically do not identify or remove these secondary registrations (also termed "interprovincial duplicates").

v. **Provincial Data Cleaning**—Some jurisdictions review the registration data at year-end and "clean" potential data quality issues. As CIHI receives the data at the six-month mark, this cleaning has not yet occurred. Therefore, if a jurisdiction reduces the number of "Not Stated" records in a particular field, that correction will not be reflected in the CIHI database.

5. CIHI and the provincial regulatory authorities are continually working to improve data quality, which may impair comparability with historical data.

6. The data presented in this publication are self-reported, which may lead to higher than expected "Other" and "Not Stated" values if a substantial proportion of RPNs chose not to complete all fields on the annual registration form.

7. For the purpose of this report, totals for the four provinces—Manitoba, Saskatchewan, Alberta and British Columbia—will be presented under the title "Canada," for the reasons discussed in the Methodological Notes sub-section *RPNs Registered in a Western Province but Working Elsewhere in Canada*. If data were not available from all four provinces, a total was not provided.

Supply of Registered Psychiatric Nurses

Number of Registered Psychiatric Nurses

This publication highlights the RPN workforce in the four-year period between 2003 and 2006, as indicated in Table 1.

Table 1. Number of Registered Psychiatric Nurses by Employment Status, Canada, 2003 to 2006

	2003	2004	2005	2006
Employed in Psychiatric Nursing	5,108	5,121	4,964	5,051
Employed in Other Than Psychiatric Nursing	*	*	*	15
Not Employed	**	**	*	35
Not Stated	96	116	59	134
Total	**5,211**	**5,254**	**5,027**	**5,235**
Percent Employed in Psychiatric Nursing	98.0%	97.5%	98.7%	96.5%

Notes:
* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.
** Value suppressed to ensure confidentiality; cell value is 5 or greater.
CIHI data will differ from provincial year-end data due to the CIHI collection, processing and reporting methodology.
The Methodological Notes provide more comprehensive information regarding the collection and comparability of RPNDB data.

Source: RPNDB, CIHI.

Not all RPNs submitting a registration form each year are currently employed in psychiatric nursing. Some may be actively looking for work, while others may retain their membership while temporarily out of the workforce. Reasons for temporarily leaving the workforce may include continuing education, maternity/paternity leave, leave for family reasons, or temporarily living and/or working abroad.

The percentage of RPNs who report their *Employment Status* as "Not Stated" has remained relatively consistent during this four-year period with 1.8% in 2003, 2.2% in 2004, 1.2% in 2005 and 2.6% in 2006. In the absence of additional information, CIHI has made the assumption in this publication that those reporting themselves as "Not Stated" are not employed in psychiatric nursing. Acknowledging that this assumption may not be entirely accurate, due to the relative consistency of the low percentage of "Not Stated" in the employment status over time, employment trends are not significantly affected. Please contact the Program Lead, Nursing Databases for more information.

Number of RPNs Employed

Table 2. RPN Workforce by Province of Registration, Canada, 2003 to 2006

	2003	2004	2005	2006	Change 2003–2006
Man.	955	963	952	956	0.2%
Sask.	939	935	933	900	-4.2%
Alta.	1,128	1,123	1,125	1,144	1.4%
B.C.	2,086	2,100	1,954	2,051	-1.7%
Canada	**5,108**	**5,121**	**4,964**	**5,051**	**-1.1%**

Notes:
CIHI data will differ from provincial year-end data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of RPNDB data.

Source: RPNDB, CIHI.

Between 2003 and 2006, the number of RPNs employed in psychiatric nursing increased by 1.1% in Canada, from 5,108 to 5,051.

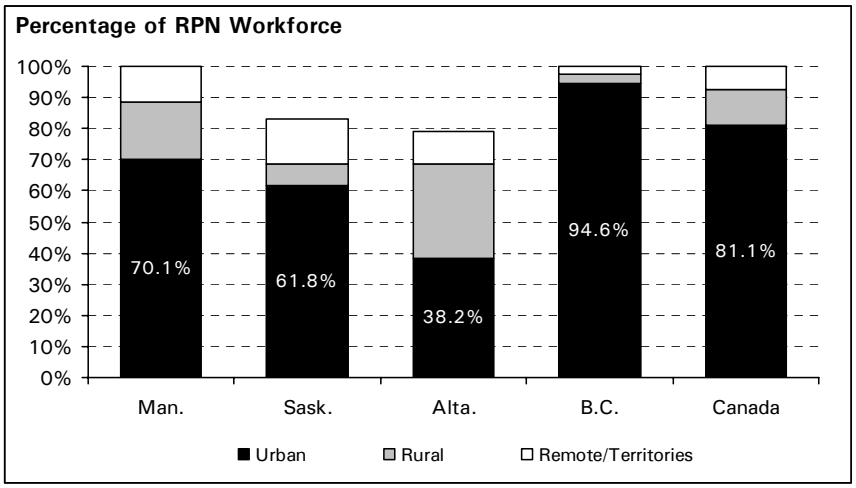
The decrease in the number of RPNs employed in psychiatric nursing was not uniform across the western provinces. While Manitoba and Alberta experienced a slight growth, with an increase of 0.2% and 1.4% respectively, the proportion of RPNs employed in psychiatric nursing in Saskatchewan (-4.2%) and British Columbia (-1.7%) decreased.

Please refer to Data Tables A.RPN.1–A.RPN.2 and A. Summary, available on the CIHI website, for more RPN Registration data.

Urban/Rural Distribution

Figure 1 illustrates the urban/rural distribution of the RPN workforce in Canada in 2006. The comparison is based on the location of residence, not the location of employment.

Figure 1. Percentage Distribution of RPN Workforce by Urban/Rural/Remote Location of Residence and Province of Registration, Canada, 2006



Notes:
The urban/rural/remote categories are based on a classification scheme developed by Statistics Canada. Please review the Methodological Notes for more comprehensive information.
RPNs not stating their *Postal Code of Residence* (n = 2) are excluded from this figure.
The data in Figure 1 are based on the location of residence, not the location of employment.
Postal code data was assigned to urban/rural/remote categories using the July 2006 release of Statistics Canada's Postal Code Conversion File (PCCF).

Source: RPNDB, CIHI.

For this analysis, urban areas are defined (in part) as communities with populations greater than 10,000 persons; rural areas are in close proximity to urban areas, with a strong or moderate economic influence from the urban area. Remote areas are those communities with comparatively weak or no economic influence from urban areas.

In 2006, 81.1% of the RPN workforce lived in urban areas of Canada, ranging from a high of 94.6% in British Columbia to a low of 38.2% in Alberta.
In 2006, 7 RPNs lived in the northern territories.

Urban/Rural Statistics

An analysis of 2006 data found that 11.3% of the RPN workforce lived in rural areas in 2006, and 7.6% in remote areas.

Alberta had the highest proportion of its workforce living in rural areas, at 30.7%. British Columbia had the lowest rate at 2.3%.

Demographic Trends of Registered Psychiatric Nurses

Sex

The number of male RPNs employed in psychiatric nursing represents a sizeable percentage of the RPN workforce compared to the proportions among registered nurses and licensed practical nurses. Males accounted for 22.5% of the RPN workforce, compared to 5.6% of the RN workforce and 7.0% of the LPN workforce in 2006. Table 3 provides a breakdown by province for the RPN workforce.

Table 3. Number and Percentage of RPN Workforce by Sex and Province of Registration, Canada, 2003 and 2006

	2003				2006			
	Males		Females		Males		Females	
	Counts	%	Counts	%	Counts	%	Counts	%
Man.	230	24.0	725	76.0	223	23.3	733	76.7
Sask.	144	15.3	795	84.7	136	15.1	764	84.9
Alta.	294	26.1	833	73.9	294	25.7	850	74.3
B.C.	476	22.8	1,609	77.2	481	23.5	1570	76.5
Canada	**1,144**	**22.4**	**3,962**	**77.6**	**1,134**	**22.5**	**3,917**	**77.5**

Notes:
RPNs not stating their *Sex* (2003, n = 2; 2006, n = 0) are excluded from this table.
CIHI data will differ from provincial year-end data due to the CIHI collection, processing and reporting methodology.
The Methodological Notes provide more comprehensive information regarding the collection and comparability of RPNDB data.

Source: RPNDB, CIHI.

Please refer to Data Tables G.RPN.1—G.RPN.3 and G. Summary, available on the CIHI website, for further analysis using the field Sex.

Age Distribution

The age distribution for the entire RPN workforce is presented in Figure 2. Between 2004 and 2006, the proportion of RPNs in the two oldest age groups increased.

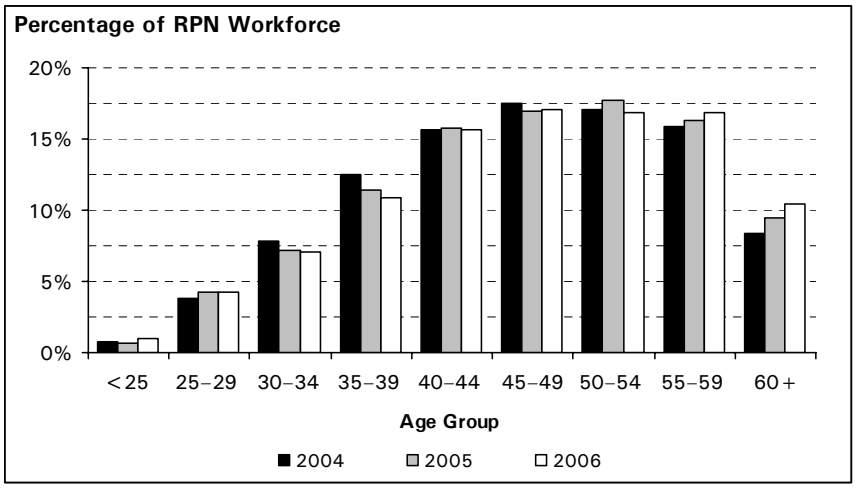
The age group distribution varies by province, as seen in Figure 3.

Manitoba and Saskatchewan had the lowest percentage of RPNs over the age of 50, at 41.8% and 39.6% respectively.

Alberta and British Columbia had a higher percentage of their RPNs over t he age of 50, at 44.4% and 47.2% respectively.

There are nearly three RPNs over the age of 50 for every one RPN under the age of 35 in the four western provinces.

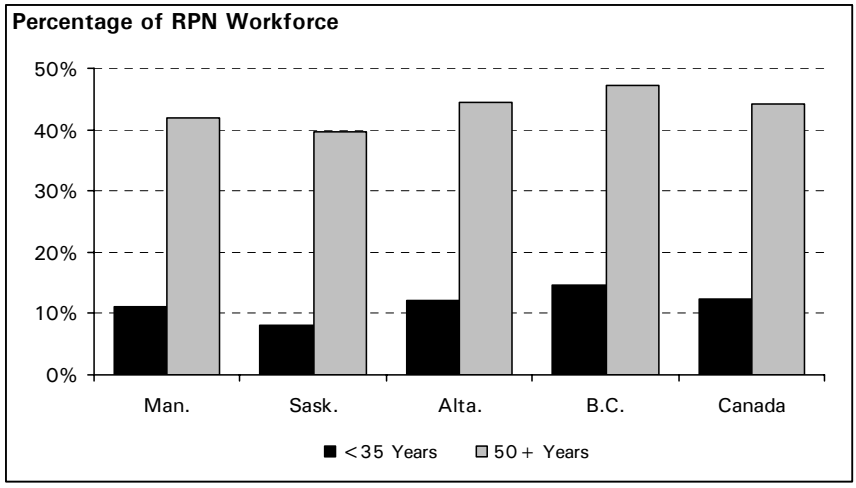
Figure 2. Percentage Distribution of RPN Workforce by Age Group, Canada 2004 to 2006



Note: RPNs not stating *Year of Birth* (2004, n = 28, 2005, n = 24; 2006, n = 6) are excluded from this figure.

Source: RPNDB, CIHI.

Figure 3. Percentage Distribution of RPN Workforce by Selected Age Groups and Province of Registration, Canada, 2006



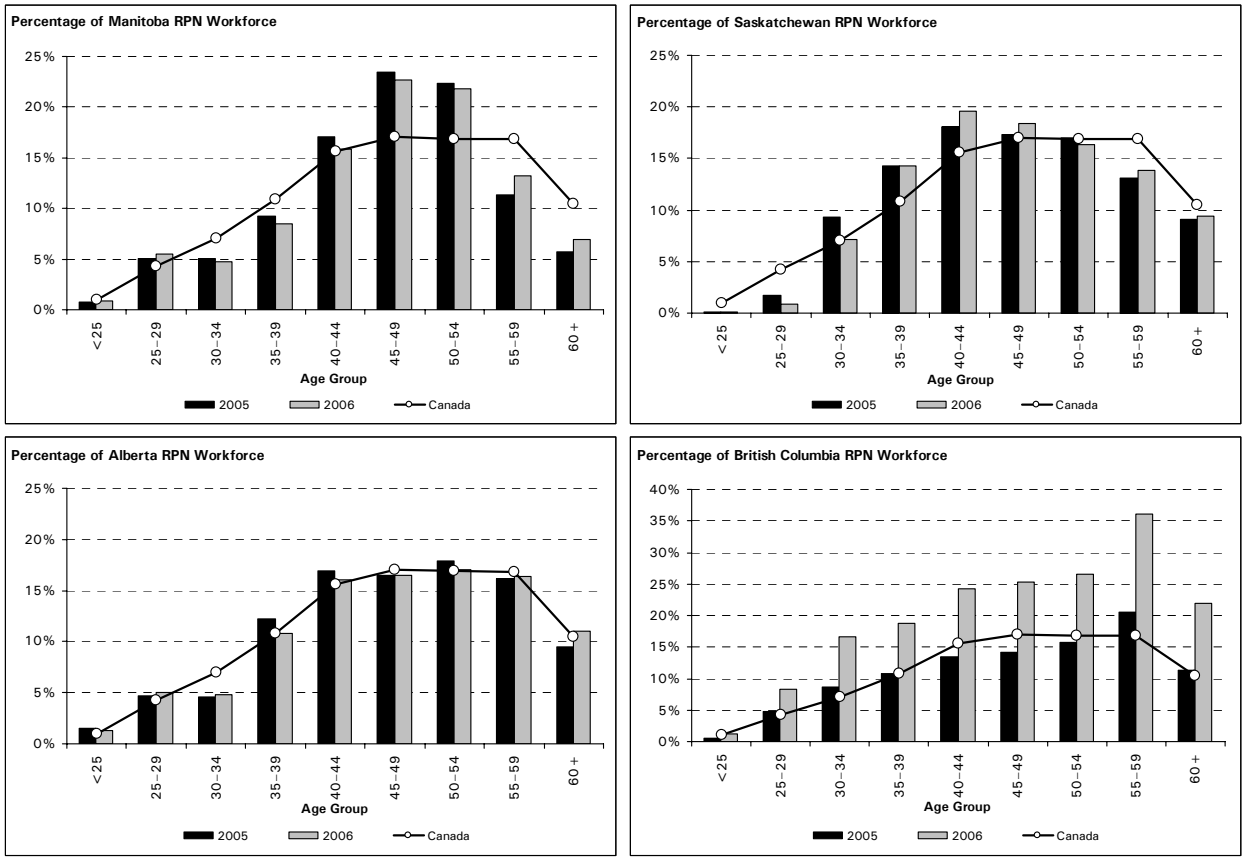
Note: RPNs not stating *Year of Birth* (n = 6) are excluded from this figure.

Source: RPNDB, CIHI.

Please refer to Data Tables A.RPN.2, B.RPN.3, C.RPN.4, D.RPN.4, E.RPN.4, F.RPN.2, G.RPN.2 and J. Summary on the CIHI website for more Age Group data.

Figure 4 provides a breakdown by province compared to the Canadian average.

Figure 4. RPN Workforce by Age Group, Province of Registration and in Comparison to Canadian Average, Canada, 2005 and 2006



Notes:
RPNs not stating *Year of Birth* (2005, n = 24; 2006, n = 6) are excluded from these figures.
Canada distribution is the average of Manitoba, Saskatchewan, Alberta and British Columbia data.

Source: RPNDB, CIHI.

Average Age

As shown in Table 4, the average age of the RPN workforce increased by 0.2 years between 2005 and 2006, from 47.0 years to 47.2 years. RPNs in Manitoba are generally younger than those in the other western provinces at an average age of 46.9 years. However, Saskatchewan also had the greatest increase in average age over the past year (0.5 years). In contrast, the RPN workforce in British Columbia is 0.3 years older on average, but had a smaller decrease in average age over the past year.

This difference is further emphasized when looking at the eligibility ages for retirement in the following section.

Table 4. Average Age of the RPN Workforce by Province of Registration, Canada, 2005 and 2006

	2005		2006		Change 2005–2006
	Average Age (Years)	Difference From Canada	Average Age (Years)	Difference From Canada	
Man.	46.5	-0.5	46.9	-0.3	+0.4
Sask.	46.5	-0.5	47.0	-0.2	+0.5
Alta.	47.0	0.0	47.1	+0.2	+0.1
B.C.	47.6	+0.6	47.5	+0.3	- 0.1
Canada	**47.0**		**47.2**		**+0.2**

Note: RPNs not stating *Year of Birth* (2005, n = 24; 2006, n = 6) are not included in average age calculations.

Source: RPNDB, CIHI.

Please refer to Data Tables B.RPN.4, C.RPN.5, D.RPN.5, E.RPN.5, F.RPN.3, G.RPN.3 and K. Summary, available on the CIHI website, for more Average Age data.

Eligibility Age for Retirement

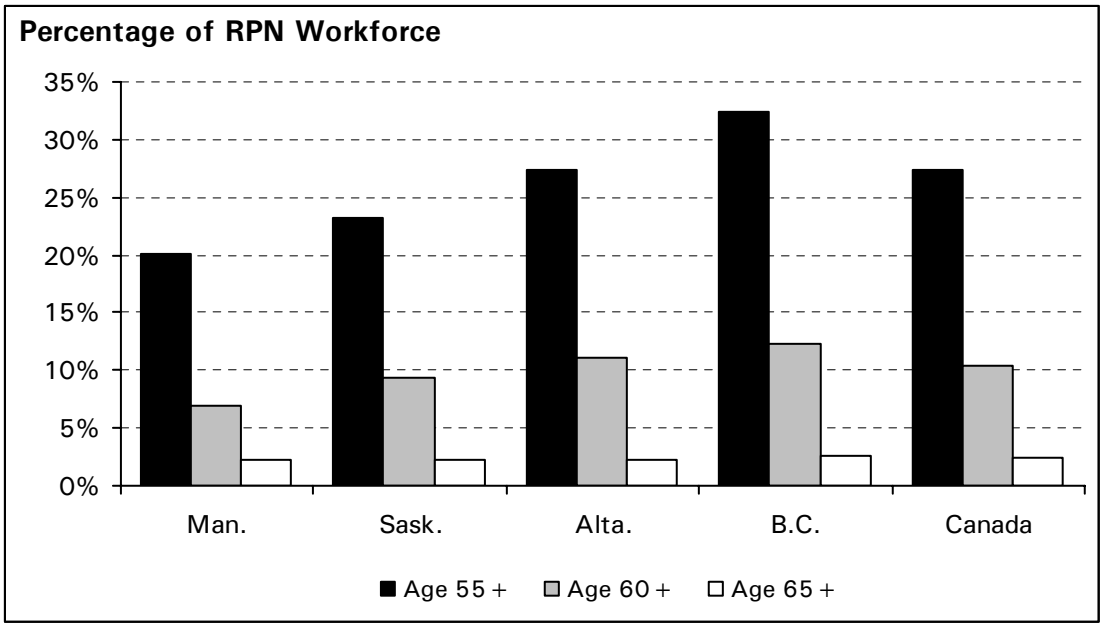
Capturing retirement data on the annual registration form would be difficult because, presumably, many RPNs no longer interested in practising will stop submitting their annual form and not renew their license.

In addition, calculating a national retirement age would be difficult, in part because the definition of "retirement" varies among jurisdictions and among individuals.

In the absence of accurate "retirement" data from the RPNDB, different retirement scenarios were estimated based on the age of the current workforce. The calculations presented in Figure 5 are based solely on age, and do not factor in pension eligibility, years of experience, early retirement, death, migration, or other provincial policies that affect the Human Resources system. Despite these approximations, the results feature a contextual perspective to the aging of the RPN workforce.

Figure 5 illustrates the potential impact for three typical retirement ages—55 years, 60 years and 65 years—presenting the proportion of each provincial workforce currently at or beyond these ages.

Figure 5. Percentage of RPN Workforce Currently at Eligibility Age for Potential Retirement by Retirement Age and Province of Registration, Canada, 2006



Note: RPNs not stating *Year of Birth* (n = 6) are excluded from this figure.

Source: RPNDB, CIHI.

In 2006, 27.3% of Canada's RPN workforce was aged 55 years old or greater, with 10.5% aged 60 or greater. Among the provinces, Manitoba had the smallest percentage of psychiatric nurses over the age of 55, at 20.1%. British Columbia had the highest percentage at 32.4%.

Very little research has investigated the age at which Canadian RPNs, or regulated nurses in general, retire and whether the average retirement age has changed over time. According to the National Survey of the Work and Health of Nurses, 6% of RPNs plan to leave the profession in the next 12 months.[1]

One half of all RPNs currently employed in psychiatric nursing in Canada will reach the common retirement age of 55 years by 2014.

Education Trends of Registered Psychiatric Nurses[2]

The registered psychiatric nurse is a graduate of a recognized and approved post-secondary education program and must meet standards for psychiatric nursing, a code of ethics nd a set of expected competencies. Although psychiatric nursing programs are available at both diploma and baccalaureate levels in the western provinces, most RPNs in the current workforce entered practice as graduates of a two- or three-year diploma program.

Historically, psychiatric nursing programs focused on training ward personnel in therapeutic procedures for acute- and chronic-care patients. Over time, programs evolved to provide a more holistic approach with increased emphasis on interpersonal and counselling skills and rehabilitation techniques, preparing RPNs to work in community-based settings. The core competencies of RPNs include education in communication and interpersonal skills, knowledge of pharmacology, performance of physical assessments and knowledge of general health care procedures.

This combination of education and training creates a skilled psychiatric nursing workforce whose work complements those of other health providers treating patients with mental illness. RPNs now work in a variety of in-patient and community settings.

Initial Education in Psychiatric Nursing

Most RPNs graduate from a diploma program prior to entering the workforce as, until recently, degree programs in psychiatric nursing were not available in Canada. Manitoba, the first to offer a baccalaureate program for psychiatric nursing (in 1998), had the highest percentage of RPNs with a baccalaureate as their initial education (12.0% in 2006), with British Columbia at the second highest percentage (3.2%). Conversely, 0.9% of the RPN workforces of Saskatchewan and Alberta entered practice with a baccalaureate in psychiatric nursing.

Please refer to Data Table L. Summary, available on the CIHI website, for more Initial Education in Psychiatric Nursing data.

Age at Graduation

Data from the RPNDB indicate that the average age of psychiatric nursing graduates has increased in recent years, resulting in a greater percentage of those aged 30 years or older at the time of initial graduation.

Part of this increase can be attributed to the method used in the calculations. In the absence of demographic data for each graduating class, demographic data from RPNs currently in the workforce must be used as an indicator. Some RPNs who graduated before 1980 will have since left the profession and/or the country, while others will have retired. Those that remain in the workforce in 2006 and graduated before the 1980s were generally the youngest graduates. For this reason, five-year breakdowns are not provided for those graduating prior to 1980.

Among the current workforce, the average age of RPNs at the time of their initia l psychiatric nursing graduation increased from 24.4 years for those graduating between 1980 and 1984 to 29.9 years for those graduating since the year 2000.

The percentage of graduates aged 30 years or older at the time of graduation has also increased. Among the current RPN workforce, 16.8% of those graduating in the 1980s were aged 30 years or older at the time of graduation. This compares to 34.7% of graduates from the 1990s and 37.0% since the year 2000.

Table 5. Number of Psychiatric Nursing Graduates and Average Age at Graduation by Graduation Year, Canada, 2006

Graduation Year	Number of Graduates	Average Age at Graduation
<1980	1,850	22.4
1980–1984	745	24.4
1985–1989	736	25.7
1990–1994	724	28.5
1995–1999	402	29.0
2000+	594	29.9

Note: RPNs not stating *Year of Birth* (n = 6) are excluded from average age at graduation calculations.

Source: RPNDB, CIHI.

It is unknown whether RPNs who start their career later (e.g. beyond age 30) still retire at the same age as younger graduates. If so, then RPNs beginning their career later in life will spend fewer years in the workforce than younger RPN graduates.

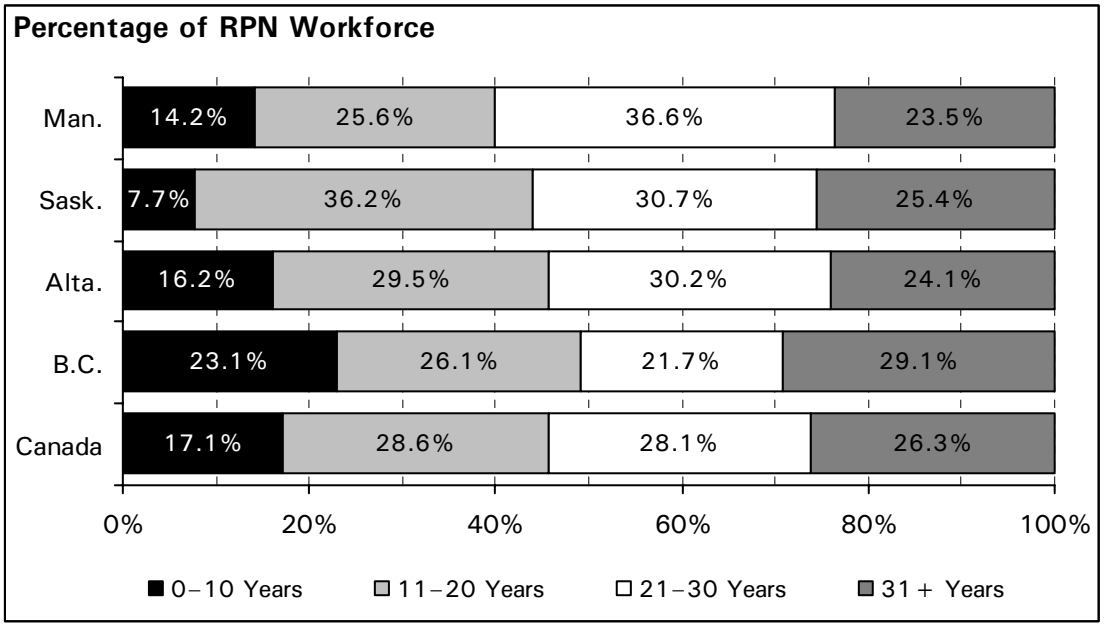
Years Since RPN Graduation

Data from the RPNDB indicate that the average age of the registered psychiatric nurse is rising in Canada, and that an increasing percentage of RPNs are aged 30 years or older at graduation.

To complement these findings, CIHI developed an indicator called *Years Since RPN Graduation*, which calculates the number of years between the year of graduation and the present year. This element indicates the maximum number of years an RPN could have been in the workforce, not the actual number of years worked.

This element is not an indicator of experience because it cannot account for time spent outside of the workforce (e.g. continuing education or maternity/paternity leave). *Years Since RPN Graduation* is only intended to indicate the stage at which RPNs may be in their careers. It is designed to supplement information presented on the age and education of registered psychiatric nurses.

Figure 6. Percentage Distribution of RPN Workforce by Years Since RPN Graduation and Province of Registration, Canada, 2006



Source: RPNDB, CIHI.

The data in Figure 6 illustrate that, for each province, at least half of the RPN workforce graduated more than 20 years ago.

Please refer to Data Tables B.RPN.5, C.RPN.6, D.RPN.6, E.RPN.6, F.RPN.4, I.RPN.1–I.RPN.2 and I. Summary, available on the CIHI website, for more Years Since RPN Graduation data.

Employment Trends of Registered Psychiatric Nurses

Employment Status

Excluding "Employed in Psychiatric Nursing—Status Unknown" data, the proportion of RPNs employed on a full-time basis has remained stable between 2003 and 2006: from 68.8% to 68.2%, respectively. (The statistics presented in Table 6 below include "Status Unknown" data in the calculations.)

While the proportion of RPNs employed on a part-time basis in 2006 was 5.6 percentage points lower than in 2003; the proportion employed on a casual basis increased by 6.1 percentage points.

Rates of employment for the 2006 RPN workforce cannot be directly compared to the 2004 or 2005 data years; overall comparisons of employment status data should be made with caution.[ii]

Table 6. Number and Percentage Distribution of RPNs Employed in Psychiatric Nursing by Employment Status, Canada, 2003 to 2006

	2003		2004		2005		2006	
	Counts	%	Counts	%	Counts	%	Counts	%
Full-Time	3,483	68.2	3,501	68.4	1,995	40.2	3,407	67.5
Part-Time	1,256	24.6	829	16.2	797	16.1	958	19.0
Casual	327	6.4	120	2.3	187	3.8	631	12.5
Status Unknown	42	0.8	671	13.1	1,985	40.0	55	1.1
Total	**5,108**	**100.0**	**5,121**	**100.0**	**4,964**	**100.0**	**5,051**	**100.0**

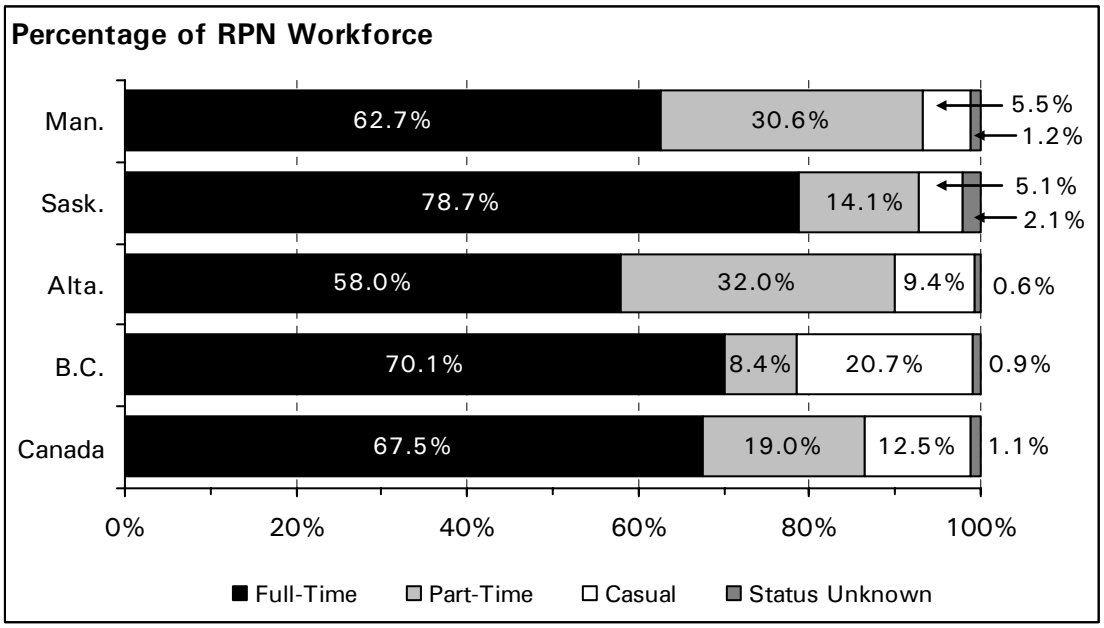
Notes:
Percentages presented in Table 6 include "Employed in Psychiatric Nursing–Status Unknown" data in the calculations.
In 2005, British Columbia defaulted all RPNs to "Employed in Psychiatric Nursing—Status Unknown."
In 2004, British Columbia defaulted all RPNs with part-time and casual employment to "Employed in Psychiatric Nursing—Status Unknown."
The data submission method was modified for the 2003 and 2004 data, contributing to substantial increases in the number of RPNs with "Status Unknown" employment status.
The Methodological Notes provide more comprehensive information regarding the collection and comparability of RPNDB data.
CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology.

Source: RNDB, CIHI.

ii. In 2004, RPNs indicating part-time and casual status were included the category "Status Unknown." In 2005, all RPNS in British Columbia were defaulted to "Status Unknown."

Excluding "Employed in Psychiatric Nursing—Status Unknown" data, Manitoba, rates of part-time employment remained stable between 2003 and 2006 while casual employment increased slightly (from 4.4% in 2003 to 5.6% in 2006). In Saskatchewan, rates of part-time employment decreased from 25.8% in 2003 to 14.4% in 2006.[iii] Both part-time and casual rates increased in Alberta; part-time rates increased from 30.3% to 32.2% while casual rates increased from 6.5% to 9.5%. (The statistics presented in Figure 7 below include "Status Unknown" data in the calculations.)

Figure 7. Percentage Distribution of RPN Workforce by Employment Status and Province of Registration, Canada, 2006

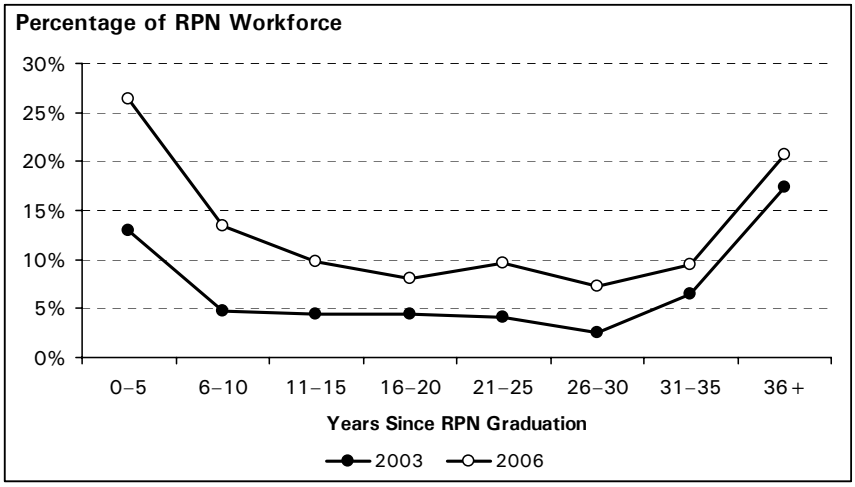


Note: The Methodological Notes provide more comprehensive information regarding the collection and comparability of RPNDB data.

Source: RPNDB, CIHI.

iii. Saskatchewan began collecting data for casual employment in 2005. As a result, the rate of part-time employment decreased and the rate of casual employment increased between 2003 and 2006.

Figure 8. Percentage of RPN Workforce Employed in Psychiatric Nursing With Casual Employment by Years Since RPN Graduation, Canada, 2003 and 2006



Note: All RPNs not stating *Year of Graduation* (2003, n = 107) are excluded from this figure.

Source: RPNDB, CIHI.

In 2006, RPNs who recently graduated have higher rates of casual employment than RPNs in the latter stages of their career. Figure 8 illustrates this pattern in 2003 and 2006.

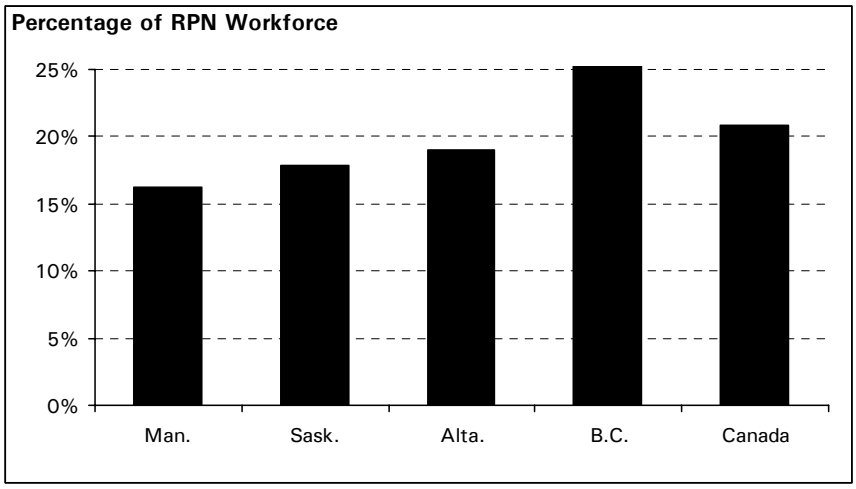
The increased rates of casual employment for RPNs who graduated more than 30 years ago may reflect a shift to voluntary casual employment, as some RPNs may choose to work less towards the end of their career.

Please refer to Data Tables A.RPN.1, B.RPN.1–B.RPN.5, C.RPN.2, D.RPN.2, E.RPN.2 and B. Summary, available on the CIHI website, for more Employment Status data.

Multiple Employment Status

In 2006, 20.8% of RPNs reported having more than one employer in psychiatric nursing. Multiple employment rates varied only slightly among the provinces, from 16.2% in Manitoba to 25.4% in British Columbia.

Figure 9. Percentage of RPN Workforce With Multiple Employers by Province of Registration, Canada, 2006



Note: RPNs not stating *Multiple Employment Status* (n = 13) are excluded from this figure.

Source: RPNDB, CIHI.

Data from all four provinces in 2006 also identified the secondary place of work for RPNs with multiple employers.

Those with multiple employers in Manitoba identified working in the community health sector (31.6%) and the hospital sector (31.0%) most often as a secondary place of work. In Saskatchewan, other place of work (31.1%) and the nursing home/long-term care sector (29.8%) were most frequently identified. In Alberta, the hospital sector (49.3%) and other place of work (24.4%) were most frequently identified. In British Columbia, RPNs identified the Hospital sector (46.0%) as the most common second place of work.

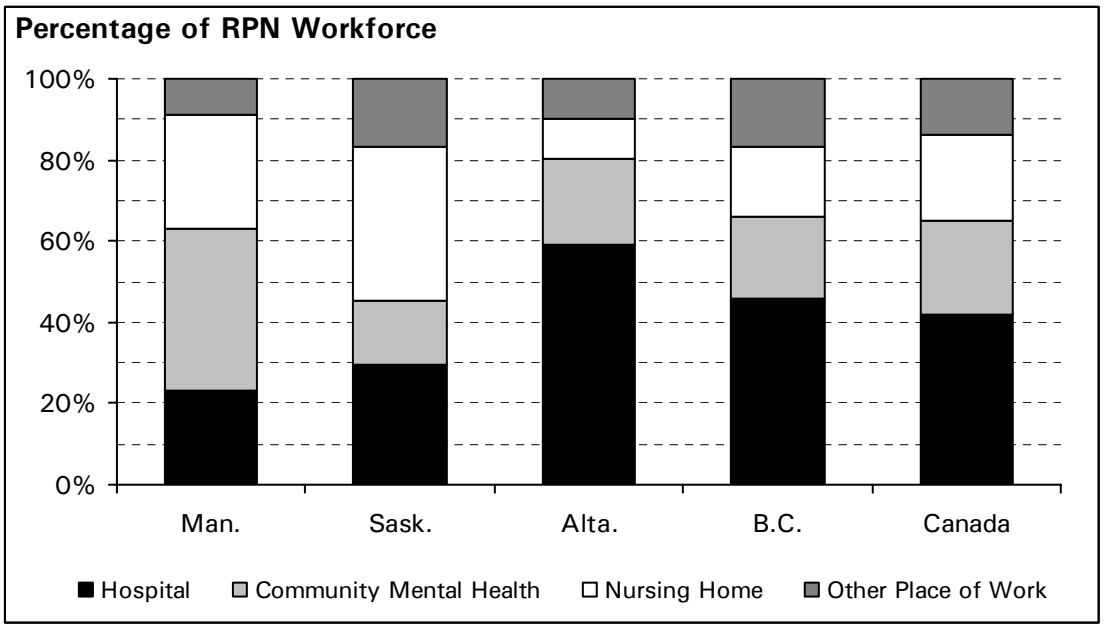
Please refer to Data Tables B.RPN.2, C.RPN.3, D.RPN.3, E.RPN.3, F.RPN.1–F.RPN.4 and F. Summary, available on the CIHI website, for more Multiple Employment Status data.

Place of Work

Overall, 41.7% of Canada's RPNs worked in the hospital sector, 23.4% in the community mental health sector, 21.2% in the nursing home sector, and 13.8% in other sectors in 2006.

The percentage distribution for RPNs' place of work in Canada varies by province. For example, 39.7% of the Manitoba workforce was employed in the community mental health sector in 2006, with 23.2% employed in Hospital sector. In contrast 21.2% of Alberta's RPN workforce were employed in the community health sector and 58.9% in the hospital sector in 2006.

Figure 10. Percentage Distribution of RPN Workforce by Place of Work and Province of Registration, Canada, 2006

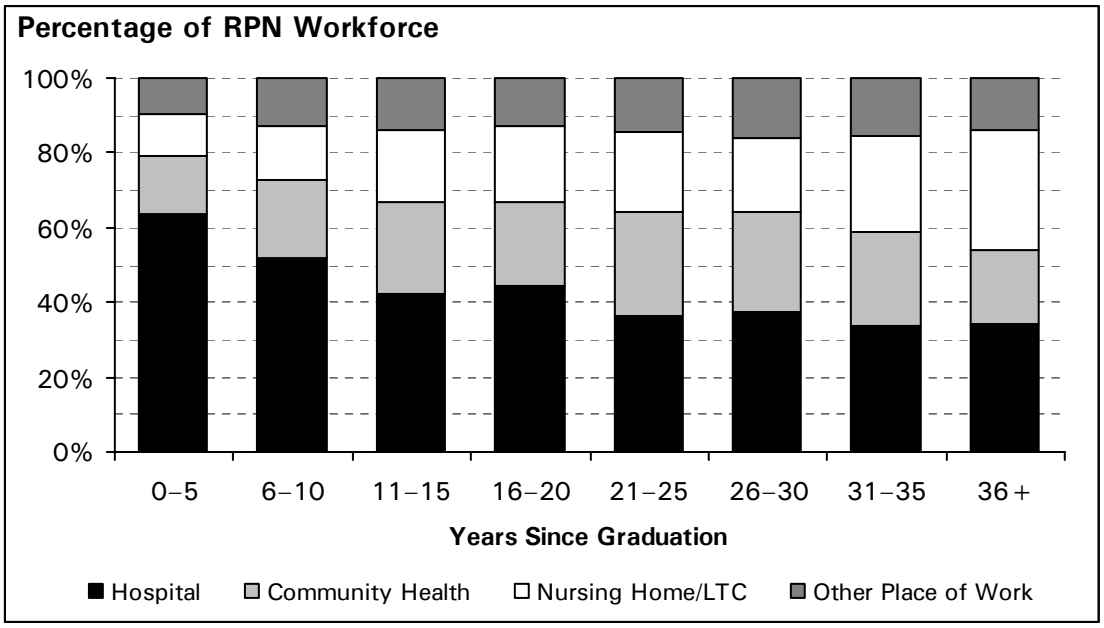


Notes:
RPNs not stating *Place of Work* (n = 35) are excluded from this figure.
Hospital includes data from: hospital (general, maternal, paediatric, psychiatric).
Community Mental Health includes data from: community mental health agency/community health centre, home care agency, nursing station (outpost or clinic).
Nursing Home/LTC includes data from: nursing home/long-term care facility, residential care facility.
Other Place of Work includes data from: business/industry/occupational health office, private nursing or psychiatric nursing agency/private duty, physician's office/family practice unit, self-employed/private practice, educational institution, association/government, correctional agency, other.
CIHI data will differ from provincial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of RPNDB data.

Source: RPNDB, CIHI.

Among the current workforce, RPNs early in their career are more likely to work in the Hospital sector than RPNs who graduated more than 20 years ago. Though Hospitals remain the most common employer for all psychiatric nurses, RPNs approaching the end of their career appear just as likely to work in other sectors.

Figure 11. Percentage Distribution of RPN Workforce by Place of Work and Years Since RPN Graduation, Canada, 2006



Notes:
RPNs not stating *Place of Work* (n = 35) are excluded from this figure.
Hospital includes data from: hospital (general, maternal, paediatric, psychiatric).
Community Mental Health includes data from: community mental health agency/community health centre, home care agency, nursing station (outpost or clinic).
Nursing Home/LTC includes data from: nursing home/long-term care facility, residential care facility.
Other Place of Work includes data from: business/industry/occupational health office, private nursing or psychiatric nursing agency/private duty, physician's office/family practice unit, self-employed/private practice, educational institution, association/government, correctional agency, other.
CIHI data will differ from provincial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of RPNDB data.

Source: RPNDB, CIHI.

Please refer to Data Tables C.RPN.1–C.RPN.6 and C. Summary, available on the CIHI website, for more Place of Work data.

Area of Responsibility

Table 7. Number and Percentage Distribution of RPN Workforce by Area of Responsibility, Canada, 2006

	Counts	%
Direct Care	**4,531**	**91.2**
Medicine/Surgery	43	0.9
Geriatrics/Long-Term Care	991	20.0
Crisis/Emergency Services	222	4.5
Rehabilitation	476	9.6
Children and Adolescent Services	292	5.9
Developmental Habilitation	219	4.4
Addiction Services	115	2.3
Acute Services	1,206	24.3
Forensic Services	390	7.9
Other Direct Care	566	11.4
Administration	**302**	**6.1**
Nursing Service	188	3.8
Nursing Education	19	0.4
Other Administration	95	1.9
Education	**117**	**2.4**
Teaching Students	53	1.1
Teaching Employees	28	0.6
Teaching Patients/Clients	14	0.3
Other Education	22	0.4
Research	**15**	**0.3**
Total	**4,954**	**100.0**

Notes:
RPNs not stating their *Area of Responsibility* (n = 97) are excluded from this table.
Other Direct Care includes data from: paediatrics, occupational health, oncology, palliative care and other.
Research includes data from: psychiatric nursing research only, other research.
CIHI data will differ from provincial data due to the CIHI collection, processing and reporting methodology.

Source: RPNDB, CIHI.

Among all areas of responsibility, the most commonly identified areas in 2006 were acute services (24.3%), geriatric/long-term care (20.0%) and other direct care (11.4%). These categories are amongst the most frequently identified each year.

The area of responsibility with the most RPNs, acute services, also attracts the most recent graduates. In 2006, of all RPNs in their first five years of psychiatric nursing, 37.8% worked in acute services. In contrast, 22.5% of RPNs who graduated more than 30 years ago worked in acute services in 2006.

Among male RPNs, the most frequently identified areas of responsibility in 2006 were acute services (25.2%), forensic services (14.2%), and geriatric/long-term care (12.9%). Despite the fact that males comprise less than a quarter (22.5%) of the RPN workforce, they accounted for 40.3% of RPNs employed in forensic services that reported their sex.

Among female RPNs, the most frequently identified areas of responsibility in 2006 were acute services (24.1%), geriatric/long-term care (22.1%), and other direct care (11.4%). Among direct care responsibilities, the highest percentage of females was in medicine/surgery, where 90.7% of those RPNs are female.

Please refer to Data Tables D.RPN.1–D.RPN.6 and D. Summary, available on the CIHI website, for more Area of Responsibility data.

Position

The distribution of RPNs in various psychiatric nursing positions can be seen in Table 8.

The proportion of the workforce in managerial positions ranges from 7.8% in Alberta to 14.6% in British Columbia.

Table 8. Percentage Distribution of RPN Workforce by Position and Province of Registration, Canada, 2006

	Managers	Staff Psych. Nurses	Other Positions	Total
	Percentage Distribution			
Man.	10.5	77.7	11.8	100.0
Sask.	12.2	79.7	8.1	100.0
Alta.	7.8	82.4	9.8	100.0
B.C.	14.6	78.9	6.5	100.0
Canada	**11.9**	**79.6**	**8.5**	**100.0**

Notes:
RPNs not stating their *Position* (n = 27) are excluded from this table.
Managers includes data from: senior manager, manager/assistant manager.
Staff Psych. Nurses includes data from: staff psychiatric nurse/ community psychiatric nurse.
Other includes data from: instructor/professor/educator, consultant, clinical specialist, other.
CIHI data will differ from provincial data due to the CIHI collection, processing and reporting methodology.
The Methodological Notes provide more comprehensive information regarding the collection and comparability of RPNDB data.

Source: RPNDB, CIHI.

Please refer to Data Tables E.RPN.1–E.RPN.6 and E. Summary, available on the CIHI website, for more Position data.

Mobility Trends of Registered Psychiatric Nurses

Background

At present, registered psychiatric nurses in Canada do not have registration numbers that are unique at the national level. Existing provincial registration numbers are only unique within a particular jurisdiction; when an RPN moves to another jurisdiction a new registration number is issued and the "old" registration number left behind. Without the ability to follow a single registration number over time, it is not possible to accurately track the mobility and movement of RPNs within Canada.

Therefore, in the absence of national registration numbers, the place of graduation is the foremost indicator of RPN migration. A comparison of the *Province of Graduation* to the current *Province of Registration* indicates whether RPNs are still in the same jurisdiction from which they graduated. If the two jurisdictions are different, then the RPN has moved within the country.

The place of graduation is only an indicator of migration, and not an accurate measure. This method does not account for those attending a psychiatric nursing program out-of-province with the intention of returning "home" to work, nor will it account for time spent in another jurisdiction. For example, if an RPN who initially graduated in Manitoba were to return to that province after 10 years in another province, there would be no indication of migration, as the *Province of Graduation* (Manitoba) would match the current *Province of Registration* (Manitoba).

In addition, this indicator is unable to track mobility within a jurisdiction. Intra-provincial mobility is particularly relevant for rural and/or remote populations.

Canadian Graduates vs. Canadians
In this analysis, students from foreign countries who graduate from a psychiatric nursing program in Canada are considered "Canadian graduates". . . Similarly, Canadians who attend psychiatric nursing programs outside of Canada but return to work are termed "Internationally Educated." Citizenship and Place of Graduation are not the same.

Graduates of International and Canadian Psychiatric Nursing Programs

Table 9 below shows the number and percentage distribution of Canadian and internationally educated RPN graduates by province. Of the 5,051 RPNs employed in psychiatric nursing in Canada, 93.4% obtained their education in Canada and 6.6% obtained their education from an international nursing program.

Table 9. Number and Percentage Distribution of RPN Workforce by Location of Graduation and Province of Registration, Canada, 2006

	Canada		International		Total
	Count	%	Count	%	
Man.	945	98.8	11	1.2	**956**
Sask.	890	98.9	10	1.1	**900**
Alta.	1,047	91.5	97	8.5	**1,144**
B.C.	1,726	89.2	209	10.8	**1,935**
Canada	**4,608**	**93.4**	**327**	**6.6**	**4,935**

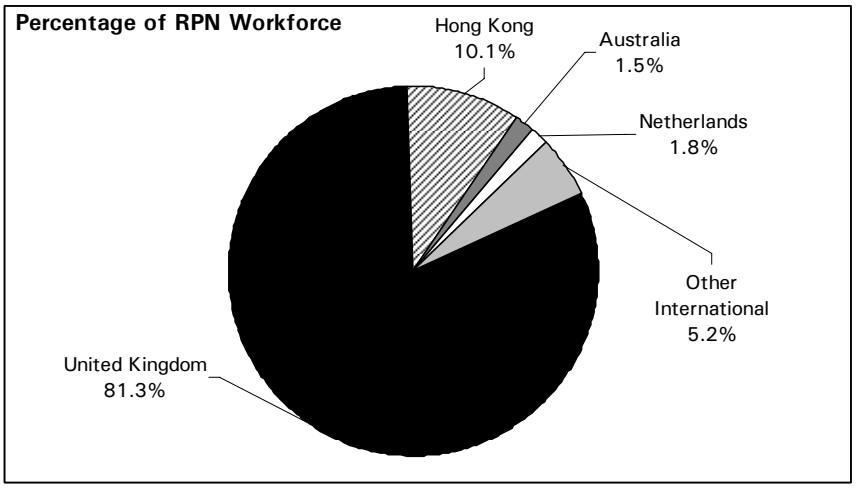
Notes:
RPNs not stating *Location of Graduation* (n = 116) are excluded from this table.
CIHI data will differ from provincial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of RPNDB data.

Source: RPNDB, CIHI.

For the 327 RPNs in Canada who graduated from an in ternational nursing program, the four most frequently identified countries of graduation are identified in Figure 12.

Most internationally educated RPNs graduated from a psychiatric nursing program in the United Kingdom.

Figure 12. Percentage of Internationally Educated RPNs by Country of Graduation, Canada, 2006



Note: RPNs not stating *Location of Graduation* (n = 116) are excluded from this figure.

Source: RPNDB, CIHI.

Distribution Analysis

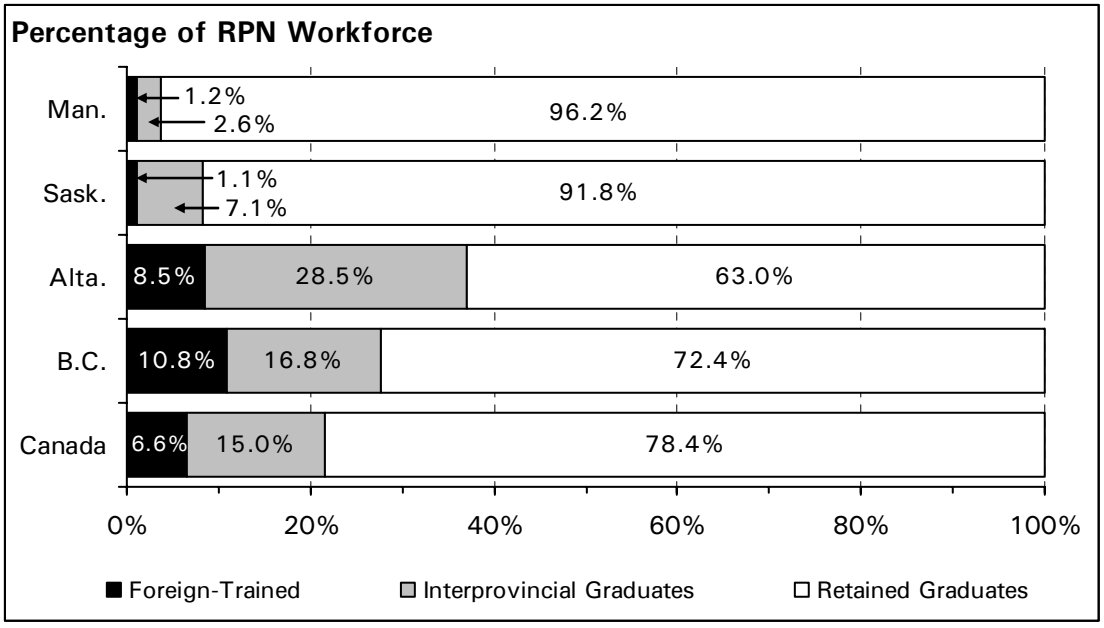
This analysis of the distribution patterns of RPNs in Canada includes two components: (1) an examination of the location of graduation for members of each provincial workforce; and (2) an analysis of the mobility of Canadian graduates across the four western provinces. These components should be used together to better understand the mobility of the RPN workforce in Canada.

Workforce Composition

Each provincial workforce is a combination of graduates from within the province, graduates from other Canadian jurisdictions, and graduates from outside the country. This analysis highlights the mobility of RPNs into each jurisdiction, which can assist recruitment methods.

In Figure 13, those graduating outside of the country are termed "Internationally Educated," graduates of psychiatric nursing schools in other Canadian provinces are termed "Interprovincial Graduates," and graduates of psychiatric nursing schools from within the province are termed "Retained Graduates."

Figure 13. Percentage Distribution of RPN Workforce by Location of Graduation and Province of Registration, Canada, 2006



Note: RPNs not stating *Location of Graduation* (n = 116) are excluded from this figure.

Source: RPNDB, CIHI.

In 2006, the RPN workforce of British Columbia had the highest concentration of internationally educated graduates (10.8%). In contrast, 1.1% of the Saskatchewan RPN workforce graduated from a psychiatric nursing program outside of Canada.

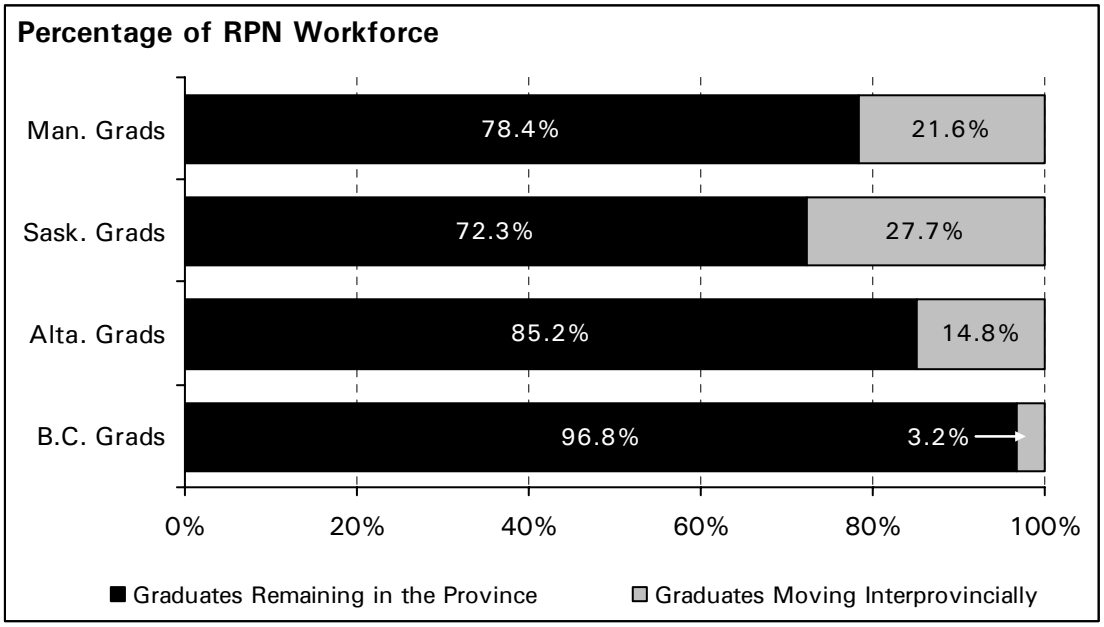
Almost 40 percent of the 2006 Alberta RPN workforce graduated out-of-province, including 28.5% from other Canadian provinces and 8.5% from other countries. In contrast, more than 90 percent of the Manitoba (96.2%) and Saskatchewan (91.8%) RPN workforces graduated from psychiatric nursing programs in the same province.

Out-of-Province Graduates
A high rate of out-of-province and/or out-of-country graduates may reflect: the number of nursing programs (and/or seats) available in the province, the migration patterns of the general population, better job availability and/or career opportunities than in neighbouring jurisdictions, or that people in that particular jurisdiction are more likely to attend school in another province/country before returning home to work.

Graduate Migration

Upon graduation from psychiatric nursing school, those wishing to practice have three options: remain in their current province; migrate to another Canadian province or territory; or emigrate to a foreign country.

Figure 14. Percentage Distribution of RPN Graduates by Province of Registration, Canada, 2006



Note: Figure 14 includes only graduates of Canadian nursing programs (n = 4,608).

Source: RPNDB, CIHI.

This component analyzes where graduates go after completing psychiatric nursing school. Please note that this method is only an indicator of migration, not an absolute measure: this analysis does not include all graduates of Canadian psychiatric nursing schools because those who leave the profession and those who leave Canada to work abroad (without maintaining a Canadian license) are excluded, as information is available only for those who were employed in Canada in 2006.

Further, this method compares only two points in time: the year of graduation to the 2006 registration year. Multiple moves during the period in-between cannot be identified.

Regardless, this analysis provides valuable information to better understand the mobility of graduates.

Among Canadian graduates in the 2006 RPN workforce, those graduating from psychiatric nursing programs in British Columbia (96.8%), and Alberta (85.2%) were the most likely to be employed in their province of graduation.

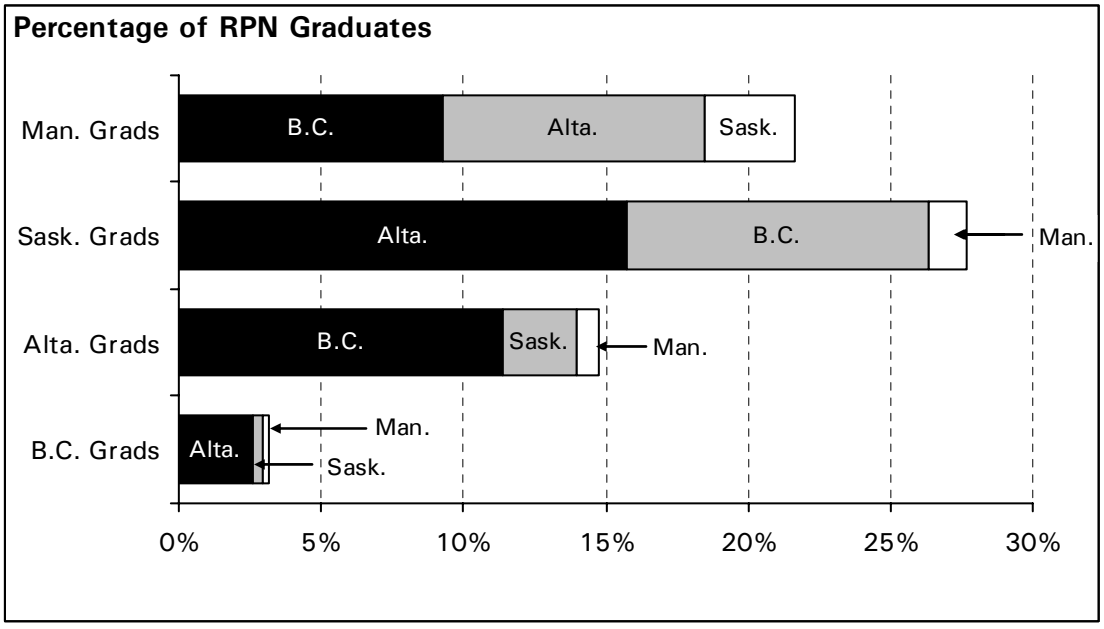
Of all Canadian graduates working in Canada in 2006, 83.9% were employed in the same jurisdiction as their initial graduation in psychiatric nursing.

Figure 15 expands this analysis for each jurisdiction, showing the most frequent destinations for those who moved after graduation. Once again, only Canadian graduates employed in Canada in 2006 can be included in this analysis.

Figure 15 is a comparison at two points in time: a comparison of the province of graduation to the current province of registration. The data in Figure 15 do not account for mobility and migration in the intervening years.

Not surprisingly, the provinces of British Columbia and Alberta figure prominently as a destination for graduates. These data complement the workforce composition data presented in Figure 13, where a comparatively higher proportion of RPNs employed in Alberta and British Columbia are interprovincial graduates from other western Canadian provinces.

Figure 15. Three Most Frequent Destinations for RPN Graduates Leaving the Jurisdiction by Province of Graduation, Canada, 2006



Note: Figure 15 includes only the three most frequently identified destinations for RPN graduates; not all destinations are presented.

Source: RPNDB, CIHI.

Please refer to Data Tables H.RPN.1 and H. Summary on the CIHI website for more Location of Graduation data available.

Methodological Notes

The following information should be used to ensure a clear understanding of the basic concepts that define the data provided in this publication, of the underlying methodology of the data collection, and of key aspects of the data quality.

This information will provide a better understanding of the strengths and limitations of the data, and of how they can be effectively used and analyzed. The information is of particular importance when making comparisons with other data sources, and especially when drawing conclusions regarding changes over time.

The Canadian Institute for Health Information is founded upon the principles of data quality and privacy and confidentiality. Data collection, processing, analysis and dissemination are each guided by CIHI's commitment to ensuring good quality data in a privacy-sensitive manner. Further details regarding CIHI's privacy principles are available in the document *Privacy and Confidentiality of Health Information at CIHI: Principles and policies for the protection of health information*, which may be obtained from the CIHI website.

Background

Purpose

The Canadian Institute for Health Information produces this publication annually to provide readers with the most recent statistics on the registered psychiatric nursing workforce. The supply and distribution information included in this publication are used by a wide variety of governmental and non-governmental organizations to better understand the changing supply and distribution of the RPN workforce. This information contributes to policy formulation and decision-making, particularly at the national and provincial/territorial levels.

This publication includes current and historical information on the demographic, education, employment and mobility trends of the RPN workforce. These statistics from CIHI's Registered Psychiatric Nurses Workforce are supplemented with detailed information about the data collection process, pertinent limitations of the current data and an explanation of the analytical methods used in creating these statistics.

Value

The supply and distribution information presented here is one key component to health human resource planning at the national and provincial/territorial levels. Any planning or projection of the number of health professionals required for a particular jurisdiction must begin with an understanding of the current supply, and how that supply is changing.

History

The Registered Psychiatric Nurses Database (RPNDB) contains supply and distribution information for the registered psychiatric nursing workforce in Canada from 2002 to the present and is managed by the Canadian Institute for Health Information (CIHI).

Data Coverage

Definition of *Registered Psychiatric Nurse*

Registered psychiatric nurses (RPNs) are members of a distinct profession that provide services to individuals whose primary care needs relate to mental and developmental health. RPNs are regulated as a distinct profession in only four provinces in Canada: British Columbia, Alberta, Saskatchewan and Manitoba.

Registered psychiatric nurses' duties include planning, implementing and evaluating therapies and programs on the basis of psychiatric nursing assessments.

Some of the areas of practice and employment settings where RPNs work are acute psychiatry, long-term geriatric care and home care, residential and community programs for the developmentally handicapped, forensic psychiatry, institutional and community-based corrections, community mental-health programs, K–12 special education programs, employee assistance programs, child-guidance and family-therapy clinics, chemical-dependency programs, hospitals and special-care homes, women's shelters and clinics, residential and community adolescent programs, consultation and private practice, psychiatric nursing education programs, sheltered workshops, rehabilitation programs, vocational programs, administration, personnel and staff development programs and self-help groups.

Population of Interest

For the RPNDB, the population of interest is all registered psychiatric nurses submitting active-practising registration in Manitoba, Saskatchewan, Alberta or British Columbia.

Population of Reference

Because CIHI cannot wait for the 12-month registration period to end in each jurisdiction before collecting data, the population of reference for the RPNDB is all registered psychiatric nurses submitting active-practising registration in one of the four Western provinces in the first six months of the registration year.

The subtle difference between the population of interest and the population of reference—seeking information only from those registering in the first six months—better enables CIHI to produce timely data. Analyses completed annually by CIHI indicate that fewer than 4% of RPNs register after the six-month mark, thus ensuring that CIHI's trends are consistent with provincial trends that include those registering after the six-month mark.

Data Inclusions

Data collected for the RPNDB include:

- Registration information from Manitoba, Saskatchewan, Alberta and British Columbia;
- All active-practising registrations received by the provincial regulatory authority within the first six months of registration;[iv]
- RPNs working in direct care, administration, education and/or research;
- RPNs employed in psychiatric nursing, RPNs employed in other than psychiatric nursing, RPNs not employed and RPNs failing to state their employment status at the time of annual registration;
- RPNs employed in the public and/or private sectors;
- RPNs employed in hospitals, clinics, nursing homes and/or other facilities (including self-employed); and
- RPNs on temporary leave (such as maternity/paternity leave or short-term illness/injury leave), who expect to practice during the registration year.

Data Exclusions

Data collected for the RPNDB exclude:

- Registered nurse[v] and nurse practitioner data;
- Licensed practical nurse[vi] data;
- Unregulated aides and orderlies data;
- RPNs submitting active-practising registrations in the last six months of the registration year;
- RPNs submitting non-practising registrations (where available from the provincial regulatory authority);
- RPNs living and/or working outside of Canada, except for those choosing to simultaneously maintain their Canadian RPN license; and
- RPNs who have left the workforce (e.g. retirement, change of profession).

Applying the Definition

The methods by which data are defined and collected greatly affect the types of analyses and the final statistics produced. In fact, discrepancies between two different data holdings are often the result of differing definitions. That something as seemingly black-and-white as the number of registered psychiatric nurses can vary by definition can be difficult for those not used to working with data and statistics.

iv. CIHI only reports data from registrations that are determined to be *primary registrations.* The definition and method used to identify primary registrations are included in the *Data Processing Methods* section of the Methodological Notes.

v. In Canada, *registered nurses* and *nurse practitioners are* educated and regulated as separate professions from psychiatric nursing.

vi. Also termed *registered practical nurses, registered nursing assistants* and/or *licensed nursing assistants* in Canada.

CIHI, in consultation with psychiatric nursing stakeholders, developed a definition of registered psychiatric nurse (RPN) that best serves health human resource (HHR) planning and research needs. The definition does not focus on the duties and responsibilities of a practising RPN, but instead narrowly defines the limits of who are included in the final statistics.

The CIHI definition is consistent with existing CIHI definitions of *registered nurse* and *licensed practical nurse*, and satisfies the analytical needs of the organization and its clients. The CIHI definition is narrower than the definition used by provincial regulatory authorities, and this is acceptable because the primary function of regulatory authorities (RPN registration) differs from the primary function of CIHI's Registered Psychiatric Nurses Database (health human resources planning and research). For registration, it is critical to know how many registrants are currently eligible to practice; for research, it is critical to understand how many eligible registrants are currently practising, and how many are currently without employment in psychiatric nursing.

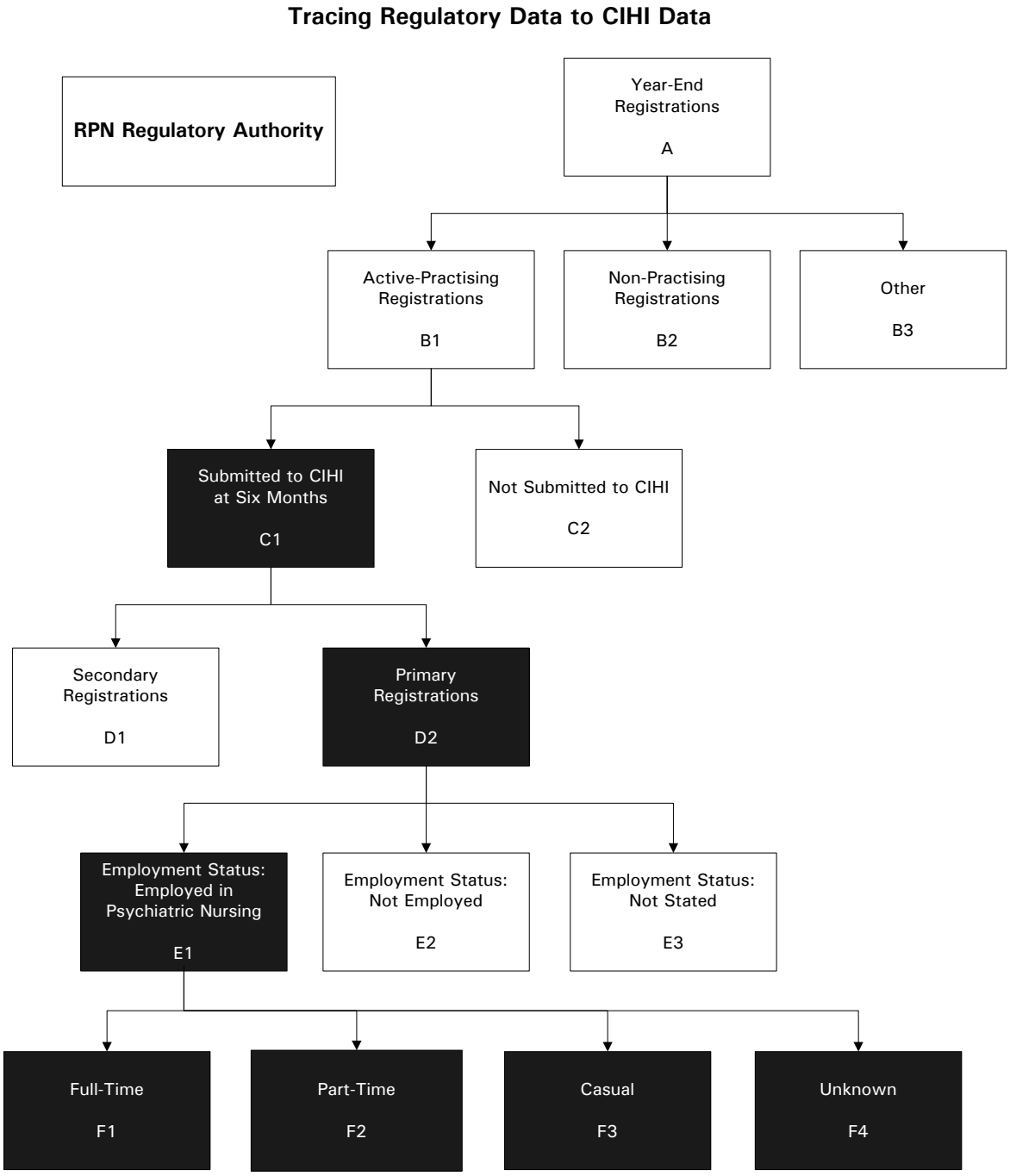
These differences in definition can unfortunately lead to confusion, particularly when one set of statistics is consistently less than another set. This can result in different (and in rare cases, conflicting) trends in the data, leading to questions of accuracy (i.e. which data are more accurate?), as different trends can greatly impact planning and projections.

To minimize this confusion, CIHI has developed a chart to illustrate the differences in definitions between the provincial regulatory authorities and CIHI. The chart traces the effects of CIHI's collection and processing on regulatory statistics, illustrating how regulatory statistics "become" CIHI statistics. In Appendix B, these charts are completed for each province using 2006 data.

How the Definition Narrows

Provincial regulatory authorities typically report the number of active-practising registrations/licenses as their "total," as this number represents the number of registrants eligible to practice in psychiatric nursing during the given year.

Figure 16. Tracing Regulatory Data to CIHI Data



Note: Appendix B presents this analysis for each province.

Source: RPNDB, CIHI.

A: All Registrations
Box A is the total number of registrations submitted to a provincial regulatory authority for psychiatric nursing. The total is comprised of active-practising (B1), non-practising (B2) and other (B3) registrations.

B: Types of Registrations
Box B1 is the number of active-practising registrations received by the provincial regulatory authority. With an active-practising registration, registrants are eligible to practise as a psychiatric nurse in that jurisdiction.

Box B2 is the number of non-practising registrations received by the provincial regulatory authority. Those registering with a non-practising registration are not eligible to practise as a psychiatric nurse in that jurisdiction. Some types of non-practising registrations are: long-term disability; associate status; and, retired status. Non-practising registrations are not submitted to CIHI. Box B3 includes other types of registration, such as student registrations.

C: Records Submitted to CIHI
To analyze and release timely data, CIHI receives only those active-practising registrations submitted during the first six months of the registration year (Box C1). Data for those registering in months 7 to 12 (Box C2) are not submitted to CIHI.

D: Excluding Secondary Registrations
As there are financial and administrative incentives for psychiatric nurses to maintain registration in one jurisdiction when beginning registration in another, CIHI evaluates each record to determine whether the registration reflects the primary province of employment (Box D2). It is necessary to identify and exclude from further analysis secondary records (Box D1), as CIHI aims to report accurate head count (rather than full-time equivalent) data. Appendix A is a flow chart illustrating this process.

E: Employment Status
Whereas the statistics produced by provincial regulatory authorities include all active-practising registrations, regardless of employment status, CIHI statistics typically include only those registrants explicitly stating their employment in psychiatric nursing (Box E1). Those employed in other than psychiatric nursing (Box E2), those not employed (also Box E2), and those failing to state their employment status (Box E3) are excluded from the final statistics. CIHI defines the RPN workforce as those currently employed in psychiatric nursing at the time of registration (Box E1).

F: Full-Time/Part-Time Status
Most analyses produced by CIHI, such as the full-time/part-time status of the RPN workforce, include only those RPNs employed in psychiatric nursing.

To illustrate how this narrowing definition impacts the data, year 2006 data are summarized in Table 10.

Table 10. Comparison of RPN Regulatory Authority 12-Month Counts to CIHI Six-Month Counts, Canada, 2006

	Man.	Sask.	Alta.	B.C.	Total
Total Active Practising Registrations	978	920	1,208	2,173	5,279
Submitted to CIHI	969	916	1,197	2,163	5,245
Primary Registrations	969	912	1,193	2,161	5,235
Employed in Psychiatric Nursing	956	900	1,144	2,051	5,051

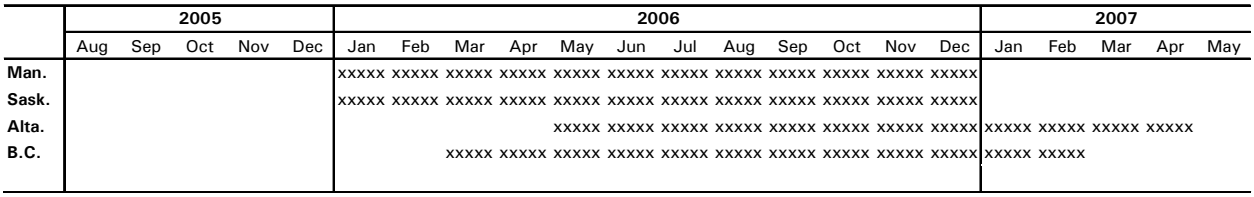
Sources: RPNDB, CIHI and provincial RPN regulatory authorities.

Registration Periods

The 12-month registration period varies among provinces, as each jurisdiction is responsible for setting the start and end dates of the registration period. Although most jurisdictions follow a January–December registration year, it is not possible for CIHI to collect comparable data at one date in the calendar year. For example, collecting data on June 30 each year would represent six months of registration in Manitoba and Saskatchewan, but only two months of registration in Alberta. And though most registration renewals are submitted to the regulatory body 1–2 months before the start of the registration year, it is still not possible to select one calendar date.

The registration periods for each provincial jurisdiction are presented in Figure 17. This illustration represents the 2006 registration year.

Figure 17. 12-Month Registration Periods by Province of Registration, Canada, 2006



Note: CIHI collects active-practising registrations submitted in the first six months of the registration period.

Source: RPNDB, CIHI.

To produce timely information, CIHI cannot wait until the 12-month registration period has finished in each jurisdiction. Consequently, data are collected for the RPNDB at the six-month mark of each jurisdiction's registration year. This staggered submission period ensures comparable data among the provinces, but at the expense of point-in-time comparisons. In the absence of point-in-time comparisons, it is difficult to determine the impact of national or world events, such as federal/provincial health accords, on the nursing workforce.

When comparing CIHI data to provincial year-end figures, the Methodological Notes provide more comprehensive information regarding the collection and comparability of RPNDB data.

Data Collection Methods

Data Sources

The provincial authorities responsible for RPN licensure collect data for the Registered Psychiatric Nurses Database. Annual registration is mandatory for RPNs wishing to practice.

A Data Agreement governs CIHI's collection of RPN data. Each year, provincial regulatory authorities and CIHI review the core set of elements each province includes on the registration forms. Under the current agreement, each regulatory authority submits 24 data elements collected from each registered psychiatric nurse.

Data Collection

Collecting data from individual RPNs is the responsibility of the regulatory authority. The data are manually entered, and a provincial file is submitted to CIHI in a standardized format. Not all data elements collected from the registration forms are sent to CIHI; each regulatory authority collects additional information for its own administrative and/or research purposes, apart from the elements outlined in the Data Agreement.

Contact information for each jurisdiction is provided in Appendix C.

Key Concepts and Definitions

Each of the data elements listed corresponds to a field on the registered psychiatric nurse record. Only data elements used in tabulations for *Workforce Trends of Registered Psychiatric Nurses in Canada, 2006* are described below. A complete list of data elements present in the RPNDB as well as the data dictionary are available on upon request to nursing@cihi.ca.

Province of Registration

The province in which a Registered Psychiatric Nurse (RPN) is licensed to practice psychiatric nursing.

Sex

The self-reported gender of the RPN.

Year of Birth

The four-digit year of birth of the RPN. Age is calculated as of December 31 in the registration year.

Initial Education in Psychiatric Nursing

Basic education program used to prepare a psychiatric nurse for entry into practice, leading to initial registration as an RPN.

Province/Country of Graduation

Province/country in which initial/entry psychiatric nursing education was completed.

Other Education in Psychiatric Nursing—Degree

Highest degree education achieved in psychiatric nursing beyond initial psychiatric nursing education.

Employment Status

Current employment in a field(s) directly related to psychiatric nursing practice: direct care, administration, education or research. Status is self-reported and based on hiring practices of employer and/or union contract. Based on "official status" with the primary employer. Reflects employment status as of time registrant is completing form or at time registration comes into effect.

Place of Work

Primary place of employment.

Area of Responsibility

Within agency/facility of primary employment, the major focus of activities.

Position

Current assigned role at primary place of employment as per title/job description.

Multiple Employment Status

Currently employed as an RPN by more than one employer.

Data Processing Methods

File Processing

Once provincial data files are received by CIHI, all records undergo two stages of processing before inclusion in the national database.

The first stage of processing ensures that data are in the proper format, and that all responses pass specific validity and logic tests. Should submitted codes not match the standardized CIHI codes, an exception report is produced that identifies the error. In addition, the data also undergo tests to check for a logical relationship between specific fields. For example, an error is identified in the exception report if *Graduation Year* is less than *Birth Year.*

Errors are reviewed jointly by CIHI and the respective regulatory authority representative, and corrected where possible. If a correction cannot be made, the code is changed to the appropriate default value.

Once the file has passed all validity and logic tests, the second stage of processing begins. As registered psychiatric nurses are able to register simultaneously in more than one jurisdiction, a methodology was developed to identify (or "flag") RPNs living outside of Canada or RPNs registered in more than one province.

Identification of Secondary Registrations

To accurately count the number of RPNs registered and working in Canada, it is necessary to identify records that do not reflect the primary jurisdiction of employment.

For instance, there are administrative incentives for RPNs to maintain their Canadian RPN license while living and/or working outside of the country. Therefore, an RPN living abroad may continue to register with a Canadian RPN regulatory authority each year, even though she/he may have no intention of returning to Canada in the next 12 months. CIHI must identify these RPNs living abroad and remove their data from analysis, as CIHI only reports on the RPN workforce in Canada.

All data received from the provinces are retained in the database, however only data from primary registrations are presented in the publication, media release, and ad hoc queries. Primary registrations are defined as records meeting the following conditions:

- *Province/Country of Residence* is either in Canada, or "Not Stated;"
  - For RPNs employed in psychiatric nursing, the *Province of Employment* equals *Province of Registration*; if *Province of Employment* is "Not Stated," then *Province of Residence* equals *Province of Registration*; or
  - For RPNs not employed in psychiatric nursing (or for RPNs with *Employment Status* of "Not Stated"), *Province of Residence* equals *Province of Registration*; if *Province of Residence* is "Not Stated," then the *Province of Registration* is accepted.
  - For RPNs employed in psychiatric nursing, the *Province of Employment* does not equal *Province of Registration* but equals a Canadian province or territory other than one of the four western provinces.

A flow chart that visually illustrates the secondary registration process is presented in Appendix A, or is available upon request to the Program Lead, Nursing Database.

Such a method for eliminating RPNs living abroad and secondary registrations does introduce certain errors. For example,

(1) If an RPN lives in the United States but works in Canada, the record will be erroneously removed as "living abroad."

(2) If an RPN lives and registers in one western province at the beginning of the year but moves to and registers in another western province one to six months later, this obvious duplicate would not be detected.

(3) If an RPN not working in psychiatric nursing registers in a province other than her/his province of residence, the registration would be identified erroneously as a secondary registration.

Theoretically, an RPN who registers and works in more than one western province simultaneously would be double-counted in the RPNDB, as the *Province of Employment* would match the *Province of Registration* in each jurisdiction.

The methodology for the removal of interprovincial duplicates has been developed by Statistics Canada in the early 1980s for the Registered Nurses Database and has proven to be of great value. The methodology was reviewed and adapted to the specific needs of the Registered Psychiatric Nurses Database during development.

Summary of Records Received by CIHI

Table 11 provides a summary of the records received by CIHI from each provincial regulatory authority since 2003.

Table 11. Number of RPN Records Submitted to CIHI by Province, Canada, 2003 to 2006

	Man.	Sask.	Alta.	B.C.	Canada
2006					
Total Records Submitted	969	916	1,197	2,163	5,245
Secondary Registrations	0	4	4	2	10
Primary Registrations	969	912	1,193	2,161	5,235
Employed in Psychiatric Nursing	**956**	**900**	**1,144**	**2,051**	**5,051**
Other	**	*	6	31	50
Not Stated	*	**	45	79	137
2005					
Total Records Submitted	959	956	1,172	1,955	5,042
Secondary Registrations	0	2	12	1	15
Primary Registrations	959	954	1,160	1,954	5,027
Employed in Psychiatric Nursing	**952**	**933**	**1,125**	**1,954**	**4,694**
Other	0	0	*	0	*
Not Stated	7	21	**	0	**
2004					
Total Records Submitted	969	979	1,185	2,142	5,275
Secondary Registrations	1	6	13	1	21
Primary Registrations	968	973	1,172	2,141	5,254
Employed in Psychiatric Nursing	**963**	**935**	**1,123**	**2,100**	**5,121**
Other	0	*	*	9	17
Not Stated	5	**	**	32	116
2003					
Total Records Submitted	981	962	1,199	2,088	5,230
Secondary Registrations	2	5	13	1	21
Primary Registrations	979	957	1,186	2,087	5,209
Employed in Psychiatric Nursing	**954**	**939**	**1,128**	**2,086**	**5,107**
Other	0	0	7	0	7
Not Stated	25	18	51	1	95

Notes:

* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.

** Value suppressed to ensure confidentiality; cell value is 5 or greater.

"Other" includes RPNs employed in *Other Than Psychiatric Nursing* and those *Not Employed*.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of RPNDB data.

Source: RPNDB, CIHI.

Analytical Methods

Urban/Rural Statistics

For analytical purposes, urban areas are defined (in part) as communities with populations greater than 10,000 person and are labeled by Statistics Canada as either a Census Metropolitan Area (CMA) or a Census Agglomeration (CA); Rural/Remote is equated with those communities outside the CMA/CA boundaries and is referred to as Rural and Small Town (RST) by Statistics Canada.

Rural and Small Town (RST) communities are further subdivided by identifying the degree to which they are influenced (in terms of social and economic integration) by larger urban centers (i.e. the CMAs and CAs). Metropolitan Influenced Zone (MIZ) categories disaggregate the RST population into four subgroups: Strong MIZ, Moderate MIZ, Weak MIZ, No MIZ. These urban/rural/remote categories are applied to communities (cities, town, villages, etc.) that can be equated with the Statistics Canada designation Census Subdivision (CSD).

The CMA/CA and Metropolitan Influenced Zone (MIZ) categories were collapsed. These categories may be interpreted in the following simple manner: CMA/CA = large urban center (urban); Strong/Moderate MIZ = small towns and rural areas located relatively close to larger urban centers (rural); Weak/No MIZ = small towns, rural and remote communities distant from large urban centers (remote).

Details of the RST and MIZ classification schemes can be found in McNiven et al. (2000),[3] du Plessis et al. (2001)[4] and CIHI (2002).[5]

Computations

All counts, unless otherwise noted, are based on registered psychiatric nurses employed in psychiatric nursing. These figures exclude RPNs that are not employed, RPNs that are employed in other than psychiatric nursing, and RPNs that do not state their employment status. Reporting on the RPNs employed in psychiatric nursing most accurately reflects the actual workforce of registered psychiatric nurses in Canada.

Data Suppression

To safeguard the privacy and confidentiality of data received by CIHI, guidelines have been developed to govern the publication and release of health information.

To ensure the anonymity of individual registered psychiatric nurses, data tables with cell counts from 1 to 4 are suppressed in the data tables presented in this publication. While this may seem unnecessary for more populous provinces, as it would be difficult to identify a single RPN employed somewhere in Saskatchewan or British Columbia, CIHI is committed to protecting the confidential information from each registered psychiatric nurse.

Cell suppression does not apply, however, to "Not Stated" values in the data tables. The intent of cell suppression is to ensure anonymity: as it is impossible to "link" Not Stated data between tables, there is minimal risk of residual disclosure. Therefore, the suppression of "Not Stated" and "Unknown" values is not necessary.

In the tables presented in both the Descriptive Analysis section of this publication, and in the Data Tables presented on the CIHI website, cells with a value from 1 to 4 have been replaced by a single asterisk (*). However, presenting accurate row and column totals necessitates the suppression of a second value as well, to prevent the reader from determining the suppressed value through subtraction. Therefore, in each row and column with a suppressed value, a second value is suppressed as well. Generally, the next smallest value is chosen for additional suppression. However, if the second value suppressed is greater than 4, it must be replaced by a different symbol. For this, the RPN publication uses a double asterisk (**).

These policies also govern CIHI's release of data through ad hoc queries and special analytical studies.

Symbols

Standard symbols and numerical presentations are used wherever possible in this report. The standard symbols include:

*	Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.
**	Value suppressed to ensure confidentiality; cell value is 5 or greater.
–	Data are not applicable or do not exist.
..	Data not currently collected by CIHI.
n/s	Data not submitted to CIHI.
<0.1	Value is less than 0.05%; value is replaced to prevent displaying cells of 0.0 that are not true zero values.

Other symbols, when necessary, are footnoted at the bottom of the respective table or figure.

Data Quality Assessment

To ensure a high level of accuracy and usefulness in data dissemination, the Data Quality department at CIHI has developed a framework for assessing and reporting the quality of data contained in CIHI's databases and registries. The framework focuses upon the five dimensions of data quality: Timeliness, Accuracy, Usability, Comparability and Relevance. Timeliness, Usability and Relevance are described briefly in the following paragraph. Accuracy and Comparability are then described in further detail as they relate more closely to the data processing routine.

Timeliness is achieved by collecting data at the six-month mark; on average, more than 95 percent of total records are achieved by the six-month mark, and this policy allows CIHI to analyze and release the data in a timely manner. Usability comprises the availability and documentation of the data, and the ease of interpretation. The Methodological Notes section contributes to Usability, as the limitations of data interpretation are clearly outlined. The Relevance of the dataset includes the adaptability and value of the data: for the RPNDB, continued strong interest from decision-makers, researchers and the media affirm the value of RPN workforce data. In addition, CIHI's decision to collaborate with registered nurse and licensed practical nurse regulatory authorities to produce a more comprehensive snapshot of the entire regulated nursing workforce contributes to the adaptability and value of the data.

Accuracy

Accuracy is an assessment of how well the data reflect reality. For the RPNDB, this is an assessment of how closely the data presented in this publication reflect the population of reference of all RPNs registered for active-practising membership in Canada in the first six months of the registration year.

Provincial regulating authorities collect these data for administrative purposes. It is through an agreement that these data are submitted to CIHI for research and analysis. Consequently, it is important to note that the level of accuracy and completeness necessary to meet the financial and administrative requirements of a registry can be considerably less stringent than that for research. Nevertheless, improvements in data collection systems and a jurisdictional-wide acknowledgement of the importance of good quality data have led to data collection and capture improvements for the RPNDB. This section outlines where caution must be applied when analyzing data presented in *Workforce Trends of Registered Psychiatric Nurses in Canada, 2006*.

Under-Coverage

Under-coverage results when data that should be collected for the database are not included.

Data for the RPNDB is collected at the 6-month mark of each jurisdiction's 12-month registration period.[vii] But because the target population of the database is all RPNs submitting active-practising registration within the first six months of the registration year, this is not a case of under-coverage.

There is one possible source of under-coverage in the RPNDB data: first-time registrants.

vii. Please refer to Figure 16 for an illustration of the 2006 registration period for each province.

First-Time Registrants

All four of the jurisdictions submitting registered psychiatric nurse data to CIHI include data on first-time registrants. This includes both new graduates and those new to the jurisdiction. While information is provided on these registrants, the initial registration form for the jurisdictions does not always ask new registrants for employment information. As many first-time registrants are also active-practising registered psychiatric nurses, this is a source of under-coverage for the RPNDB.

Over-Coverage

Over-coverage is the inclusion of data beyond the target population.

Two potential sources of over-coverage closely monitored by CIHI are described below.

Non-Practising Registrations

For the RPNDB, over-coverage can occur if the data include non-practising registered psychiatric nurses (associate members or retired members). When a registered psychiatric nurse submits her/his annual registration form, there is a choice between active-practising and non-practising status. Those wishing to work as an RPN must choose active-practising (target population for the RPNDB). Those maintaining a registration without the required license to practice (e.g. RPNs on maternity/paternity leave, RPNs temporarily out of the country, retired RPNs), select non-active status. As CIHI wishes to report only those RPNs employed in psychiatric nursing (active-practising), non-active RPNs are outside of the target population for the RPNDB.

Six-Month Cut-Off

As indicated, due to CIHI's aim to provide timely data, each province submits data to CIHI after the first six months of its registration period. The result of this strategy is that the RPNDB systematically undercounts the number of registered psychiatric nurses in Canada. Counts in the RPNDB will differ from year-end provincial data sources. A preliminary analysis indicates that CIHI counts represent typically 95% of year-end figures.

As the target population for the RPNDB is all RPNs registering for active-practising status within the first six months of the jurisdiction's registration year, CIHI should not receive any data from RPNs registering after the six-month mark. A validation procedure, designed to check the registration date of records submitted to CIHI, is included in the data processing. The registration date of each record is checked to ensure it fell within the first six months of the registration year. Records beyond the six-month mark are deleted.

It may seem through this process that valid records (data) are deleted from the database. The purpose of this specific validation process is to maintain consistency of the data over time (year after year) and also for comparability among jurisdictions.

Non-Response

In the RPNDB, item non-response is defined as the percentage of "Not Stated" responses for each data element, as presented in Table 12.

Table 12. Percentage of RPN Records Employed in Psychiatric Nursing With "Not Stated" Responses by Data Element and Province of Registration, Canada, 2006

	Man.	Sask.	Alta.	B.C.	Canada
Sex	0.0	0.0	0.0	0.0	0.0
Birth Year	0.0	0.7	0.0	0.0	0.1
Initial Education in Psychiatric Nursing	0.0	0.0	0.0	0.0	0.0
Graduation Year	0.0	0.0	0.0	0.0	0.0
Location of Graduation	0.0	0.0	0.0	12.9	2.3
Multiple Employment Status	0.0	0.0	0.0	0.6	0.3
Location of Employment	0.3	0.2	0.2	0.1	0.2
Place of Work—Primary	0.0	0.0	0.3	1.6	0.7
Area of Responsibility—Primary	0.3	0.1	0.6	4.2	1.9
Position—Primary	0.0	0.0	0.5	1.0	0.5
Location of Residence	0.0	0.0	0.0	0.0	0.0
Postal Code of Residence	0.0	0.0	0.0	<0.1	<0.1
Postal Code of Primary Worksite	0.3	0.0	1.7	<0.1	1.0
Date of Registration	0.0	0.0	0.0	0.0	0.0

Notes:
Table 12 includes only RPNs employed in psychiatric nursing.
<0.1 Value is less than 0.05%; value is replaced to prevent displaying cells of 0.0 that are not true zero values.
For the fields Postal Code of Residence and Postal Code of Employer—Primary, non-response is defined as a postal code that did not successfully match to the July 2006 release of Statistics Canada's Postal Code Conversion File (PCCF).

Source: RPNDB, CIHI.

CIHI did not impute any missing values for the 2006 data. Instead, many of the elements with a large percentage of "Not Stated" and/or not submitted values were not included in the Data Analysis and Data Tables sections; in other cases, the number of "Not Stated" values were clearly identified in the analysis.

Comparability

Comparability measures how well the current year data compare to data from previous years, and how data from the RPNDB compare to registered psychiatric nurse data found in other sources.

Historical Data

RPN data were previously published in the CIHI publication series *Health Personnel Trends in Canada* (formerly *Health Personnel in Canada*). The 1993–2001 data produced in the Health Personnel Trends publication are not directly comparable to the data presented in this publication due to different collection methodologies. RPN data from 2002 to the present, in the Health Personnel Trends series, are consistent with the figures presented in this series of publications.

This publication highlights RPN data from 2003 to 2006. RPN data for 2002 is not included in the analysis section of this publication as a result of limitations surrounding the historical comparability of the data. Detailed information on the comparability limitations of the RPN data are noted under the heading "*Number of RPNs Employed in Psychiatric Nursing*" found below.

Year 2006 Data

For a complete listing of data elements submitted by the regulatory authorities, please refer to the CIHI Nursing Databases website (www.cihi.ca/nurses).

The following comparability limitations in year 2006 data should be taken into account when reviewing the data presented in the Data Analysis section of this publication, and when reviewing the data tables presented in the accompanying publication *Highlights From the Regulated Nursing Workforce in Canada, 2006* and those on our website.

Number of RPNs employed in psychiatric nursing—A new methodology to report Employment Status was developed for the preparation and submission of 2003 Ontario and Quebec data to the Registered Nurses Database. This methodology was applied during the preparation of the RPN data in 2004, 2005 and 2006.

Historically, RPNs who failed to state their employment status (i.e. full-time, part-time or casual) on their registration form had their employment status submitted to CIHI as "Not Stated." In CIHI's processing and reporting methodology, RPNs failing to state their employment status are excluded from the final statistics because CIHI figures include only those employed on a full-time, part-time or casual basis. The result was that some RPNs employed in psychiatric nursing were erroneously excluded from analysis.

Starting with the 2004 data year, RPNs with an employer in psychiatric nursing but who fail to state their full-time, part-time or casual status with that employer were re-coded from *Not Stated* to *Employed in Psychiatric Nursing—Status Unknown*. Because these RPNs are now considered to be employed, their data are included in CIHI's final statistics.

This enhanced methodology results in more accurate statistics that are more closely aligned with those published by the provincial regulatory bodies, and may also include those RPNs that are on temporary leave such as short-term disability or maternity/paternity leave. Unfortunately, this will impair trending analyses. Please contact the Program Lead, Nursing Database, for more information regarding the collection, processing and reporting of RPNDB data.

For a complete listing of data elements submitted by the regulatory authorities, refer to the Nursing website.[viii]

viii. The listing of data elements submitted by the regulatory authorities to CIHI is available on the CIHI Nursing website at www.cihi.ca/nurses.

Data Limitations

General Comparability

- *Manitoba*—Starting in the 2005 data year, the College of Registered Psychiatric Nurses of Manitoba (CRPNM) began to collect and submit to CIHI, data for the following fields.
  - Place of Work (second and third employer)
  - Area of Responsibility (second and third employer)
  - Position (second and third employer); and
  - Postal Code of Employer (second and third employer)

Data for these fields were not submitted to CIHI for the 2003 and 2004 data years.

Education

Initial Education in Psychiatric Nursing

- *Saskatchewan*—The Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) did not submit data for this field prior to the 2004 data year. For the 2003 data year, all RPNs in Saskatchewan were defaulted to *diploma* for their initial education.

Other Education in Psychiatric Nursing—Degree

- *Manitoba*—In the 2005 data year, CRPNM asked members to complete the entire education section of the registration form even if they had reported education information previously. This may have resulted in the capture of education data that was not previously reported or not previously entered on the database.

Employment

Employment Status

- *Saskatchewan*—Starting in the 2005 data year, the RPNAS registration form separates part-time and casual employment into two options. In previous years, part-time and casual employment were grouped as one option, and all RPNs who selected this were defaulted to part-time unless the RPN specifically indicated casual employment.
- *British Columbia*—For the 2005 data year the College of Registered Psychiatric Nurses of British Columbia (CRPNBC) defaulted this field, for all registrants, to *Employed in Psychiatric Nursing—Status Unknown*. For the 2006 data year CRPNBC and CIHI worked together to improve the reporting of employment status information collected on CRPNBC's registration form. Overall comparisons of employment status data should be made with caution.

  For the 2004 data year CRPNBC did not submit part-time or casual employment data to CIHI. Data for all RPNs without full-time employment were defaulted to the category *Employed in Psychiatric Nursing—Status Unknown*. This will hinder comparison to other data years.

Place of Work

- *Manitoba*—CRPNM continues to improve communication with RPNs regarding the completion of the annual renewal registration form. This may result in a change in the place of work data.
- *British Columbia*—For the 2004 data year, CRPNBC did not submit *Community Mental Health* sector data to CIHI. Any data collected in this category was defaulted to the category *Other Place of Work*. This change will hinder comparisons to other data years.

Area of Responsibility

- *Manitoba*—CRPNM has continued to improve communication with RPNs regarding the completion of the annual renewal registration form. This may result in a change in the area of responsibility data.

Position

- *British Columbia*—For the 2004 data year, CRPNBC did not submit *Senior Manager* or *Manager/Assistant Manager* data to CIHI. Any data collected in these categories was defaulted to the category *Other Positions*. This change will hinder comparisons to other data years.

Nursing Workforce Products and Services

RPN Workforce Publications

The CIHI publications:

- *Workforce Trends of Registered Psychiatric Nurses in Canada, 2005*;
- *Workforce Trends of Registered Psychiatric Nurses in Canada, 2004*;
- *Workforce Trends of Registered Psychiatric Nurses in Canada, 2003*; and
- *Workforce Trends of Registered Psychiatric Nurses in Canada, 2002*

may be downloaded in electronic (PDF) format free of charge at www.cihi.ca, or may be purchased in paper form by contacting the CIHI Order Desk at 613-241-7860.

The document *Registered Psychiatric Nurses System Data Dictionary and Processing Manual* is available upon request to the Program Lead, Nursing Database, or on the Nursing website at www.cihi.ca/nurses. This document outlines the data elements (and definitions) collected for the RPNDB, as well as the file specifications sent to the provincial/territorial regulatory authorities for data submission.

Many of the tables and figures presented in the Data Analysis section of this publication are available for viewing and can be downloaded from the CIHI website at www.cihi.ca/nurses.

Request Services

CIHI completes ad hoc requests and special analytical projects on a cost-recovery basis using data from the RPNDB. Ad hoc requests are short queries that generally can be handled through standard reports, and do not require major programming resources. Special analytical projects require project planning and the commitment of extra resources.

For an estimate of the costs associated with these products and services, please contact:

Program Lead, Nursing Database
Canadian Institute for Health Information
495 Richmond Road, Suite 600
Ottawa, Ontario
K2A 4H6
Tel: 613-241-7860
Fax: 613-241-8120
Email: nursing@cihi.ca
Website: www.cihi.ca/nurses

Provincial Profiles

Manitoba—RPN Workforce

		Manitoba		2006 (%)	
		2003	2006	Man.	Canada
RPNs Employed in Psychiatric Nursing		955	956	956	5,051
Sex	Male	230	223	23.3	22.5
	Female	725	733	76.7	77.5
Average Age	Years	46.0	46.9	46.9	47.2
Age Breakdown	<35 Years	95	106	11.1	12.3
	35–49 Years	526	450	47.1	43.5
	50 Years +	334	400	41.8	44.1
	Not Stated	0	0	0.0	0.1
Employment Status	Full-Time	610	599	62.7	67.5
	Part-Time	**	293	30.6	19.0
	Casual	**	53	5.5	12.5
	Employed—Status Unknown	0	11	1.2	1.1
Place of Work	Hospital	210	222	23.2	41.4
	Community Health Agency	387	380	39.7	23.2
	Nursing Home/LTC Facility	281	268	28.0	21.0
	Other Place of Work	76	86	9.0	13.7
	Not Stated	1	0	0.0	0.7
Area of Responsibility	Direct Care	781	813	85.0	89.5
	Administration	108	113	11.8	6.0
	Education/Research	26	27	2.8	2.6
	Not Stated	40	3	0.3	1.9
Position	Managerial Positions	100	100	10.5	11.8
	Staff/Community Health Nurse	718	743	77.7	79.2
	Other Positions	105	113	11.8	8.5
	Not Stated	32	0	0.0	0.5
Multiple Employment Status	Single Employer	799	801	83.8	79.0
	Multiple Employers	156	155	16.2	20.8
	Not Stated	0	0	0.0	0.3
Highest Education in Registered Nursing	Diploma	888	821	85.9	94.2
	Baccalaureate	67	135	14.1	5.5
	Master's/Doctorate	0	0	0.0	0.3
	Not Stated	0	0	0.0	0.0
Location of Graduation	Canadian-Trained	941	945	98.8	91.2
	Internationally Educated	14	11	1.2	6.5
	Not Stated	0	0	0.0	2.3

Notes:
* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.
** Value suppressed to ensure confidentiality; cell value is 5 or greater.
Data include only RPNs employed in psychiatric nursing at the time of annual registration. RPNs not employed in psychiatric nursing and RPNs failing to state their employment status are excluded from the data.
Totals may not sum to 100 percent due to rounding.
Statistics released by CIHI will differ from statistics released by provincial regulatory authorities due to CIHI's collection, processing and reporting methodologies.
Additional methodological information is available upon request to nursing@cihi.ca.

Source: Registered Psychiatric Nurses Database, Canadian Institute for Health Information.

Saskatchewan—RPN Workforce

		Saskatchewan		2006 (%)	
		2003	2006	Sask.	Canada
RPNs Employed in Psychiatric Nursing		939	900	900	5,051
Sex	Male	144	136	15.1	22.5
	Female	795	764	84.9	77.5
Average Age	Years	44.9	47.0	47.0	47.2
Age Breakdown	<35 Years	146	73	8.1	12.3
	35–49 Years	440	467	51.9	43.5
	50 Years +	287	354	39.3	44.1
	Not Stated	66	6	0.7	0.1
Employment Status	Full-Time	696	708	78.7	67.5
	Part-Time	**	127	14.1	19.0
	Casual	*	46	5.1	12.5
	Employed—Status Unknown	0	19	2.1	1.1
Place of Work	Hospital	351	268	29.8	41.4
	Community Health Agency	97	141	15.7	23.2
	Nursing Home/LTC Facility	338	341	37.9	21.0
	Other Place of Work	137	150	16.7	13.7
	Not Stated	16	0	0.0	0.7
Area of Responsibility	Direct Care	855	838	93.1	89.5
	Administration	38	42	4.7	6.0
	Education/Research	25	19	2.1	2.6
	Not Stated	21	1	0.1	1.9
Position	Managerial Positions	88	110	12.2	11.8
	Staff/Community Health Nurse	709	717	79.7	79.2
	Other Positions	116	73	8.1	8.5
	Not Stated	26	0	0.0	0.5
Multiple Employment Status	Single Employer	802	739	82.1	79.0
	Multiple Employers	137	161	17.9	20.8
	Not Stated	0	0	0.0	0.3
Highest Education in Registered Nursing	Diploma	932	883	98.1	94.2
	Baccalaureate	7	17	1.9	5.5
	Master's/Doctorate	0	0	0.0	0.3
	Not Stated	0	0	0.0	0.0
Location of Graduation	Canadian-Trained	917	890	98.9	91.2
	Internationally Educated	*	10	1.1	6.5
	Not Stated	**	0	0.0	2.3

Notes:
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** Value suppressed to ensure confidentiality; cell value is 5 or greater.
Data include only RPNs employed in psychiatric nursing at the time of annual registration. RPNs not employed in psychiatric nursing and RPNs failing to state their employment status are excluded from the data.
Totals may not sum to 100 percent due to rounding.
Statistics released by CIHI will differ from statistics released by provincial regulatory authorities due to CIHI's collection, processing and reporting methodologies.
Additional methodological information is available upon request to nursing@cihi.ca.

Source: Registered Psychiatric Nurses Database, Canadian Institute for Health Information.

Alberta—RPN Workforce

		Alberta		2006 (%)	
		2003	2006	Alta.	Canada
RPNs Employed in Psychiatric Nursing		1,128	1,144	1,144	5,051
Sex	Male	294	294	25.7	22.5
	Female	833	850	74.3	77.5
	Not Stated	1	0	0.0	0.0
Average Age	Years	46.0	47.1	47.1	47.2
Age Breakdown	<35 Years	134	140	12.2	12.3
	35–49 Years	551	496	43.4	43.5
	50 Years +	438	508	44.4	44.1
	Not Stated	5	0	0.0	0.1
Employment Status	Full-Time	713	663	58.0	67.5
	Part-Time	342	366	32.0	19.0
	Casual	73	108	9.4	12.5
	Employed—Status Unknown	0	7	0.6	1.1
Place of Work	Hospital	647	672	58.7	41.4
	Community Health Agency	218	242	21.2	23.2
	Nursing Home/LTC Facility	128	115	10.1	21.0
	Other Place of Work	132	112	9.8	13.7
	Not Stated	3	3	0.3	0.7
Area of Responsibility	Direct Care	1,026	1,044	91.3	89.5
	Administration	52	71	6.2	6.0
	Education/Research	22	22	1.9	2.6
	Not Stated	28	7	0.6	1.9
Position	Managerial Positions	92	89	7.8	11.8
	Staff/Community Health Nurse	905	938	82.0	79.2
	Other Positions	111	111	9.7	8.5
	Not Stated	20	6	0.5	0.5
Multiple Employment Status	Single Employer	950	927	81.0	79.0
	Multiple Employers	178	217	19.0	20.8
	Not Stated	0	0	0.0	0.3
Highest Education in Registered Nursing	Diploma	1,117	1,123	98.2	94.2
	Baccalaureate	8	**	**	5.5
	Master's/Doctorate	3	*	*	0.3
	Not Stated	0	0	0.0	0.0
Location of Graduation	Canadian-Trained	1,025	1,047	91.5	91.2
	Internationally Educated	103	97	8.5	6.5
	Not Stated	0	0	0.0	2.3

Notes:
* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.
** Value suppressed to ensure confidentiality; cell value is 5 or greater.
Data include only RPNs employed in psychiatric nursing at the time of annual registration. RPNs not employed in psychiatric nursing and RPNs failing to state their employment status are excluded from the data.
Totals may not sum to 100 percent due to rounding.
Statistics released by CIHI will differ from statistics released by provincial regulatory authorities due to CIHI's collection, processing and reporting methodologies.
Additional methodological information is available upon request to nursing@cihi.ca.

Source: Registered Psychiatric Nurses Database, Canadian Institute for Health Information.

British Columbia—RPN Workforce

		British Columbia		2006 (%)	
		2003	2006	B.C.	Canada
RPNs Employed in Psychiatric Nursing		2,086	2,051	2,051	5,051
Sex	Male	476	481	23.5	22.5
	Female	1,609	1,570	76.5	77.5
	Not Stated	1	0	0.0	0.0
Average Age	Years	47.0	47.5	47.5	47.2
Age Breakdown	<35 Years	300	301	14.7	12.3
	35–49 Years	818	782	38.1	43.5
	50 Years +	967	968	47.2	44.1
	Not Stated	1	0	0.0	0.1
Employment Status	Full-Time	1,464	1,437	70.1	67.5
	Part-Time	369	172	8.4	19.0
	Casual	211	424	20.7	12.5
	Employed—Status Unknown	42	18	0.9	1.1
Place of Work	Hospital	927	928	45.2	41.4
	Community Health Agency	489	409	19.9	23.2
	Nursing Home/LTC Facility	364	339	16.5	21.0
	Other Place of Work	288	343	16.7	13.7
	Not Stated	18	32	1.6	0.7
Area of Responsibility	Direct Care	1,921	1,825	89.0	89.5
	Administration	59	76	3.7	6.0
	Education/Research	70	64	3.1	2.6
	Not Stated	36	86	4.2	1.9
Position	Managerial Positions	184	297	14.5	11.8
	Staff/Community Health Nurse	1,542	1,601	78.1	79.2
	Other Positions	328	132	6.4	8.5
	Not Stated	32	21	1.0	0.5
Multiple Employment Status	Single Employer	1,667	1,521	74.2	79.0
	Multiple Employers	419	517	25.2	20.8
	Not Stated	0	13	0.6	0.3
Highest Education in Registered Nursing	Diploma	1,845	1,933	94.2	94.2
	Baccalaureate	191	105	5.1	5.5
	Master's/Doctorate	50	15	0.7	0.3
	Not Stated	0	0	0.0	0.0
Location of Graduation	Canadian-Trained	1,686	1,726	84.2	91.2
	Internationally Educated	**	209	10.2	6.5
	Not Stated	**	116	5.7	2.3

Notes:
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** Value suppressed to ensure confidentiality; cell value is 5 or greater.
Data include only RPNs employed in psychiatric nursing at the time of annual registration. RPNs not employed in psychiatric nursing and RPNs failing to state their employment status are excluded from the data.
Totals may not sum to 100 percent due to rounding.
Statistics released by CIHI will differ from statistics released by provincial regulatory authorities due to CIHI's collection, processing and reporting methodologies.
Additional methodological information is available upon request to nursing@cihi.ca.

Source: Registered Psychiatric Nurses Database, Canadian Institute for Health Information.

Canada—RPN Workforce

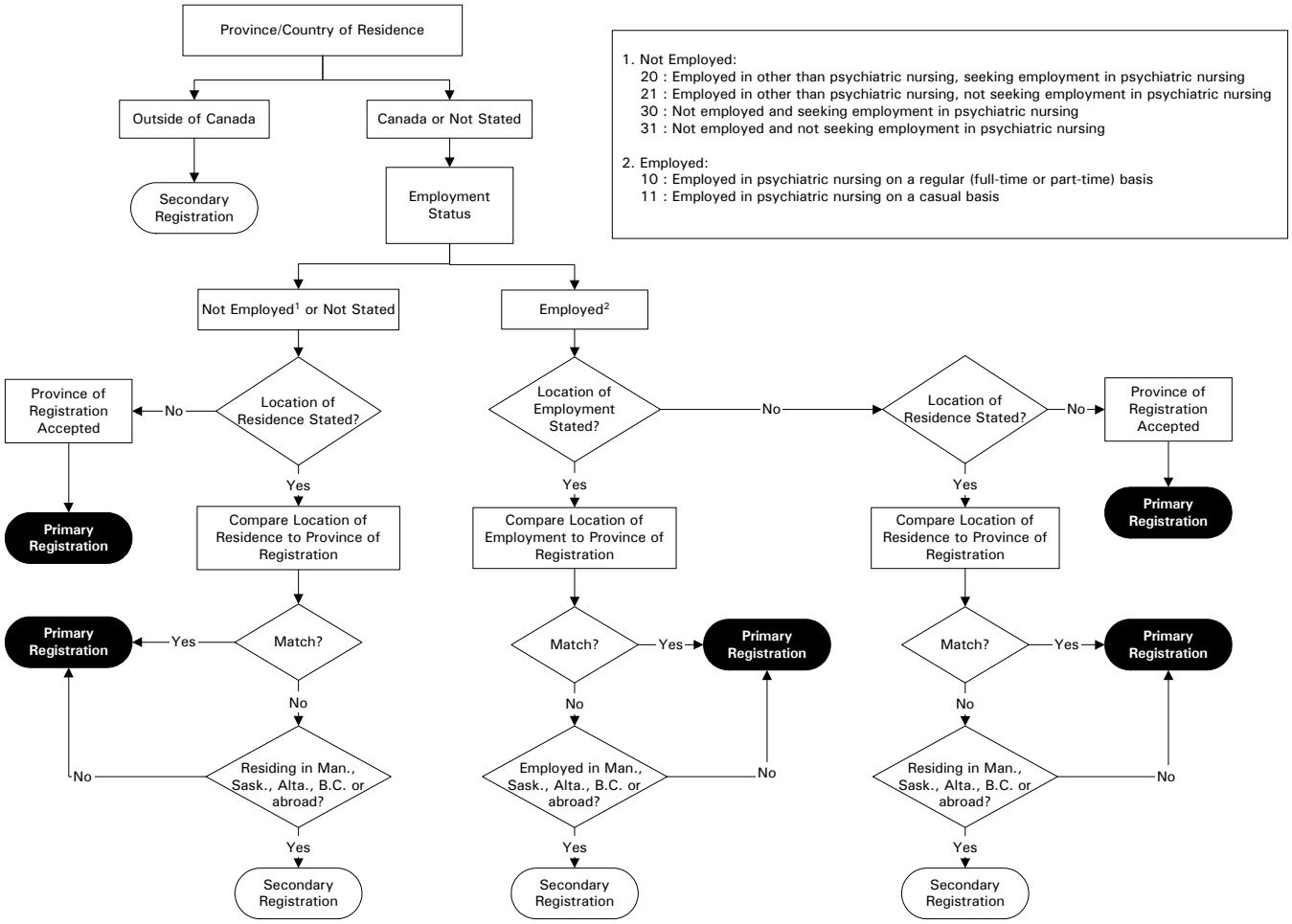
		Canada		Canada (%)	
		2003	2006	2003	2006
RPNs Employed in Psychiatric Nursing		5,108	5,051	5,108	5,051
Sex	**Male**	1,144	1,134	22.4	22.5
	Female	3,962	3,917	77.6	77.5
	Not Stated	2	0	0.0	0.0
Average Age	Years	46.2	47.2	46.2	47.2
Age Breakdown	<35 Years	675	620	13.2	12.3
	35–49 Years	2,335	2,195	45.7	43.5
	50 Years +	2,026	2,230	39.7	44.1
	Not Stated	72	6	1.4	0.1
Employment Status	Full-Time	3,483	3,407	68.2	67.5
	Part-Time	1,256	958	24.6	19.0
	Casual	327	631	6.4	12.5
	Employed—Status Unknown	42	55	0.8	1.1
Place of Work	Hospital	2,135	2,090	41.8	41.4
	Community Health Agency	1,191	1,172	23.3	23.2
	Nursing Home/LTC Facility	1,111	1,063	21.8	21.0
	Other Place of Work	633	691	12.4	13.7
	Not Stated	38	35	0.7	0.7
Area of Responsibility	Direct Care	4,583	4,520	89.7	89.5
	Administration	257	302	5.0	6.0
	Education/Research	143	132	2.8	2.6
	Not Stated	125	97	2.4	1.9
Position	Managerial Positions	464	596	9.1	11.8
	Staff/Community Health Nurse	3,874	3,999	75.8	79.2
	Other Positions	660	429	12.9	8.5
	Not Stated	110	27	2.2	0.5
Multiple Employment Status	Single Employer	4,218	3,988	82.6	79.0
	Multiple Employers	890	1,050	17.4	20.8
	Not Stated	0	13	0.0	0.3
Highest Education in Registered Nursing	Diploma	4,782	4,760	93.6	94.2
	Baccalaureate	273	276	5.3	5.5
	Master's/Doctorate	53	15	1.0	0.3
	Not Stated	0	0	0.0	0.0
Location of Graduation	Canadian-Trained	4,569	4,608	89.4	91.2
	Internationally Educated	373	327	7.3	6.5
	Not Stated	166	116	3.3	2.3

Notes:
Data include only RPNs employed in psychiatric nursing at the time of annual registration. RPNs not employed in psychiatric nursing and RPNs failing to state their employment status are excluded from the data.
Totals may not sum to 100 percent due to rounding.
Statistics released by CIHI will differ from statistics released by provincial regulatory authorities due to CIHI's collection, processing and reporting methodologies.
Additional methodological information is available upon request to nursing@cihi.ca.

Source: Registered Psychiatric Nurses Database, Canadian Institute for Health Information.

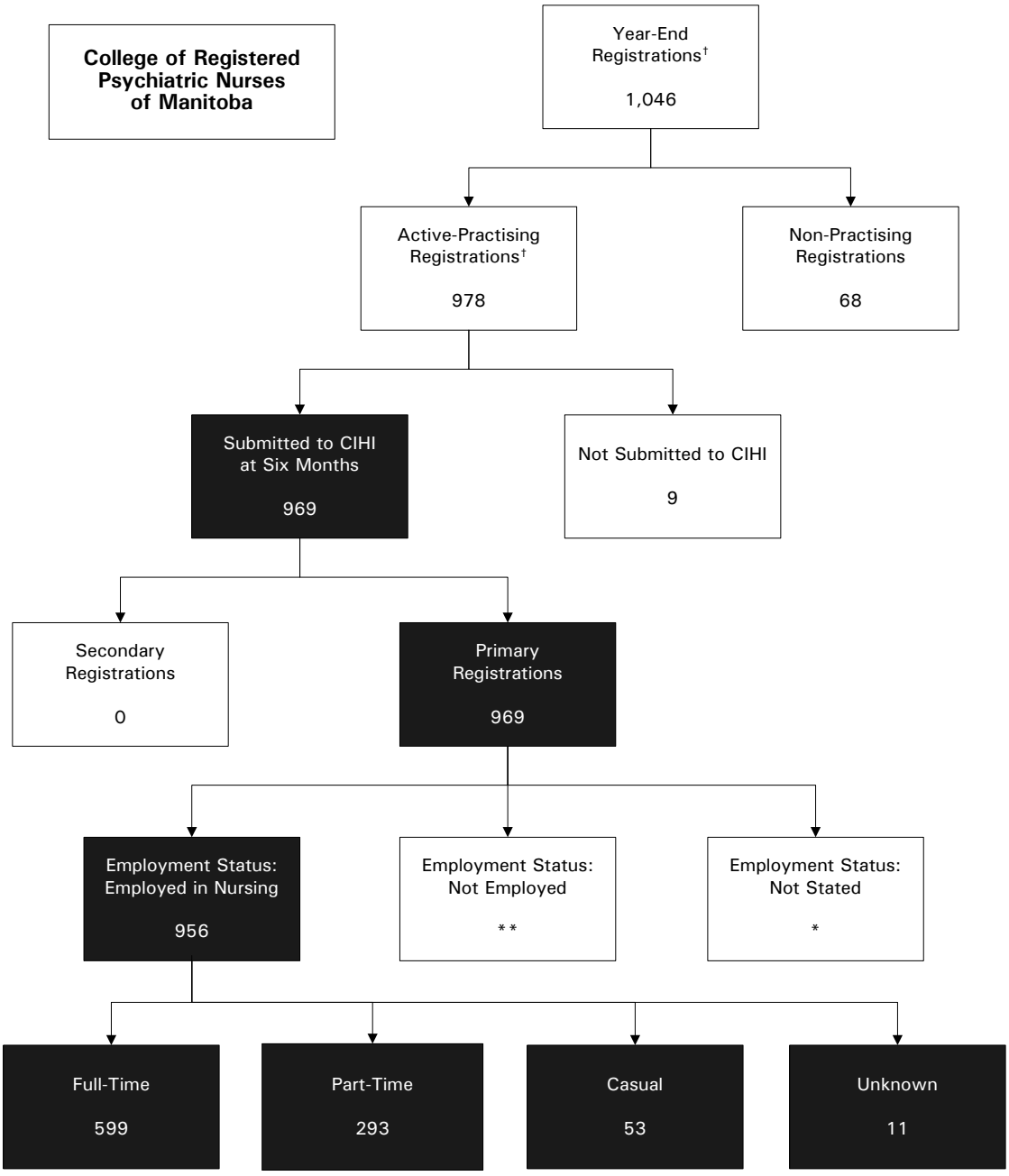
Appendix A
Identification of Secondary Registrations

Registered Psychiatric Nurses Database
Identification of Secondary Registrations



Appendix B
Comparison of CIHI Statistics to Regulatory Statistics

Tracing Regulatory Data to CIHI Data



Notes:

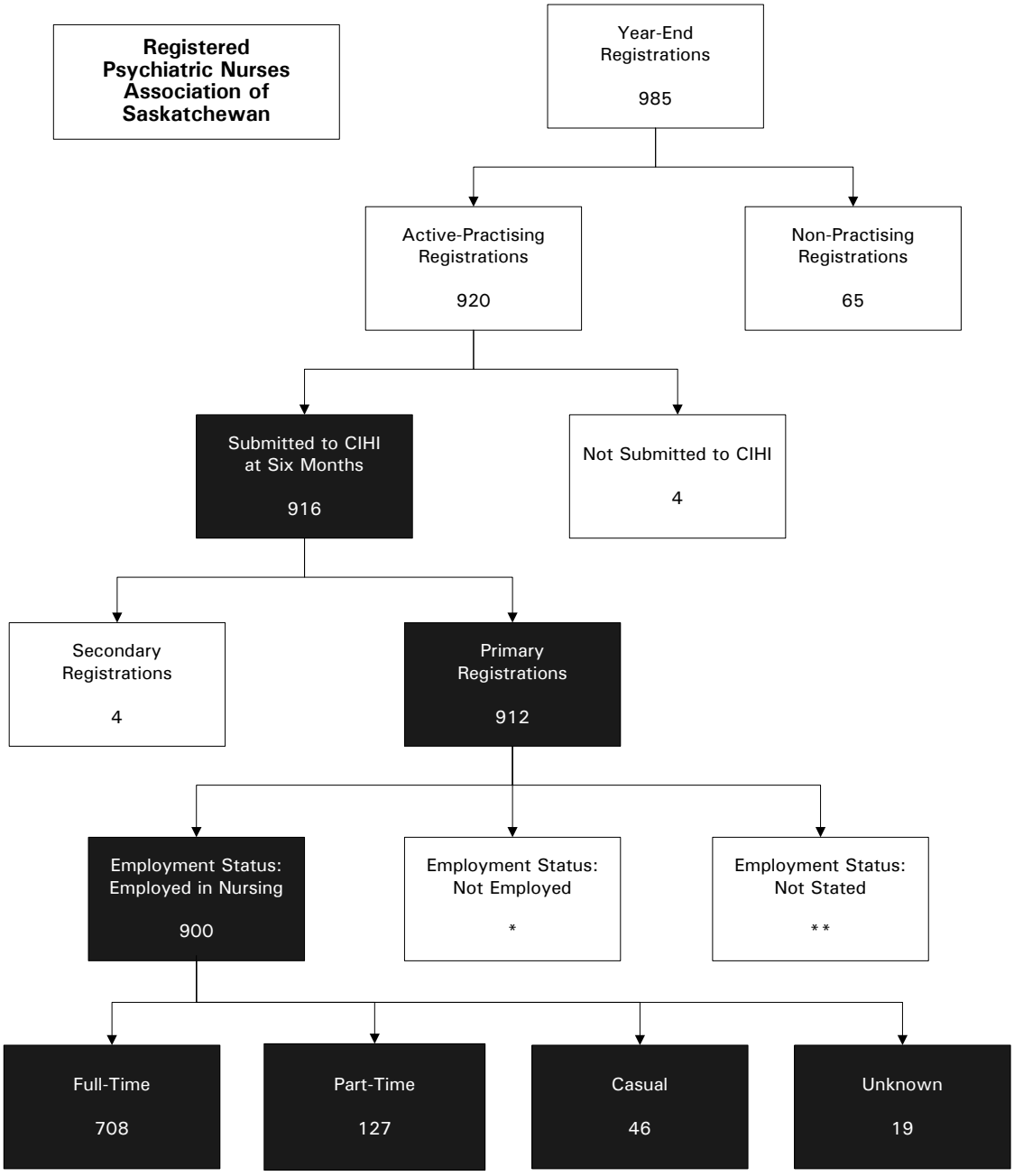
† Year end and active practicing registrations include 2 graduate licenses.

* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.

** Value suppressed to ensure confidentiality; cell value is 5 or greater.

Sources: RPNDB, CIHI and provincial RPN regulatory authority.

Tracing Regulatory Data to CIHI Data



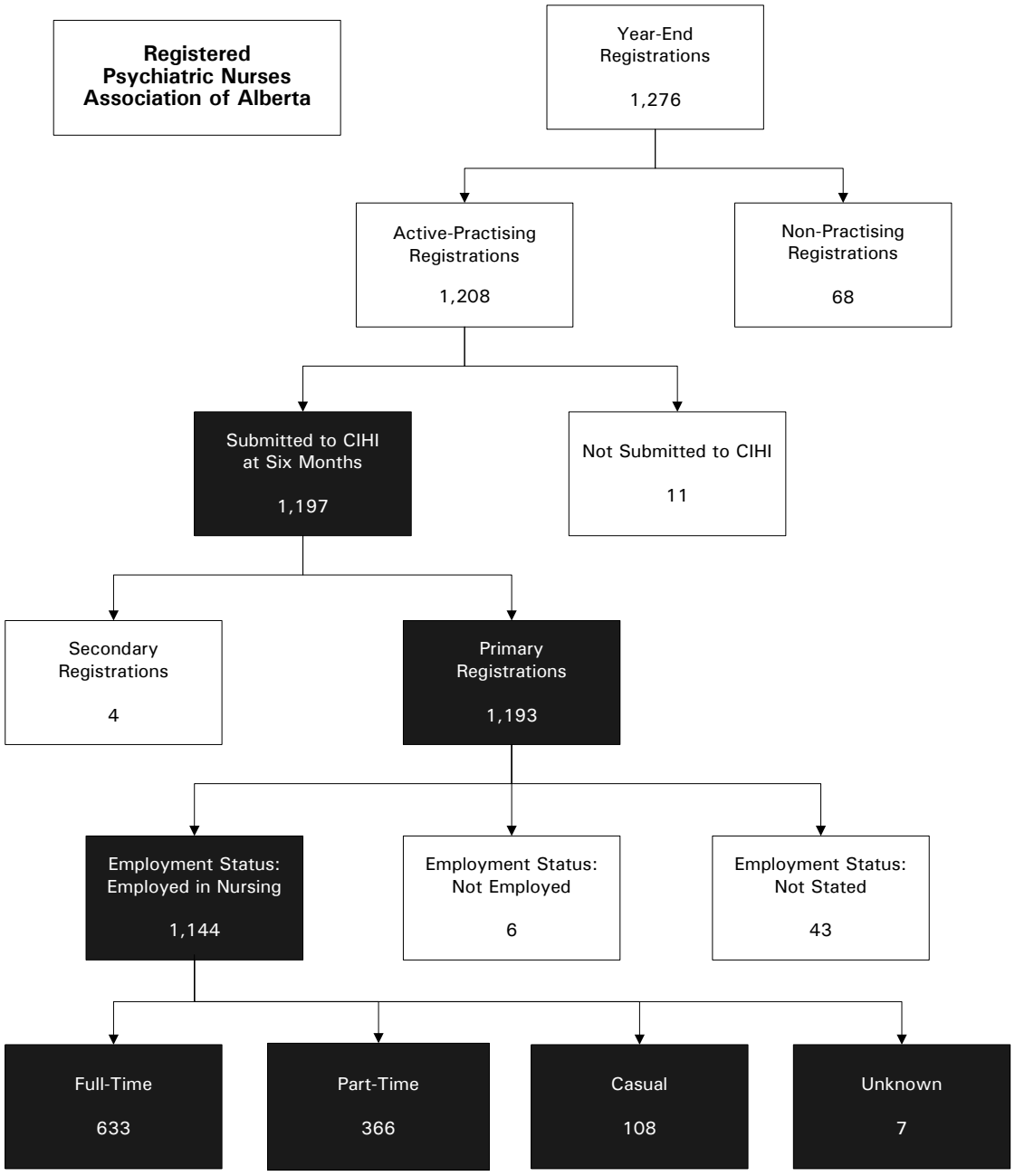
Notes:

* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.

** Value suppressed to ensure confidentiality; cell value is 5 or greater.

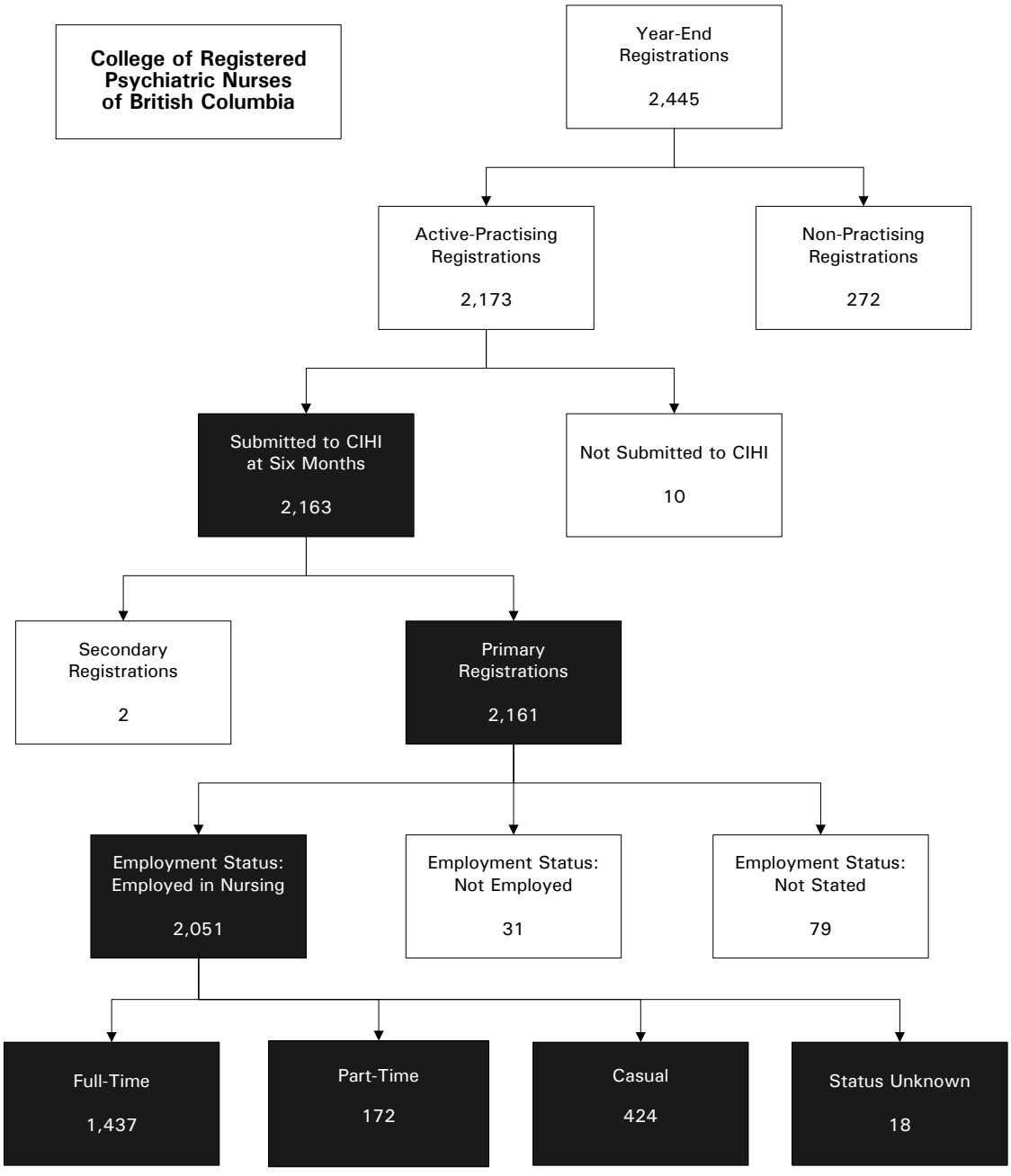
Sources: RPNDB, CIHI and provincial RPN regulatory authority.

Tracing Regulatory Data to CIHI Data



Sources: RPNDB, CIHI and provincial RPN regulatory authority.

Tracing Regulatory Data to CIHI Data



Sources: RPNDB, CIHI and provincial RPN regulatory authority.

Appendix C
Registered Psychiatric Nursing Contact Information

Registered Psychiatric Nursing Contact Information

Provincial Regulatory Authorities

Manitoba

College of Registered Psychiatric Nurses of Manitoba
1854 Portage Avenue
Winnipeg, Manitoba R3J 0G9
Website: www.crpnm.mb.ca

Saskatchewan

Registered Psychiatric Nurses Association of Saskatchewan
2055 Lorne Street
Regina, Saskatchewan S4P 2M4
Website: www.rpnas.com

Alberta

College of Registered Psychiatric Nurses of Alberta
201–9711 45th Avenue
Edmonton, Alberta T6E 5V8
Website: www.crpna.ab.ca

British Columbia

College of Registered Psychiatric Nurses of British Columbia
307–2502 St. Johns Street
Port Moody, British Columbia V3H 2B4
Website: www.crpnbc.ca

Other Psychiatric Nursing Associations

Registered Psychiatric Nurses of Canada
201–9711 45th Avenue
Edmonton, Alberta T6E 5V8
Website: www.rpnc.ca

Appendix D
List of Data Tables Available on the CIHI Website

List of Data Tables Available on the CIHI Website

www.cihi.ca/nurses

Series A–Total Registrations

A.LPN.1 LPN Registrations by Province/Territory of Registration, Canada, 2006

A.LPN.2 LPN Registrations by Age Group and Province/Territory of Registration, Canada, 2006

A.RN.1 RN Registrations by Province/Territory of Registration, Canada, 2006

A.RN.2 RN Registrations by Age Group and Province/Territory of Registration, Canada, 2006

A.RN.3 RN Registrations by Highest Education in Nursing and Province/Territory of Registration, Canada, 2006

A.RPN.1 RPN Registrations by Province of Registration, Canada, 2006

A.RPN.2 RPN Registrations by Age Group and Province of Registration, Canada, 2006

Series B—Employment Status

B.LPN.1 LPN Workforce by Employment Status and Province/Territory of Registration, Canada, 2006

B.LPN.2 LPN Workforce by Employment Status, Multiple Employment Status and Province/Territory of Registration, Canada, 2006

B.LPN.3 LPN Workforce by Employment Status, Age Group and Province/Territory of Registration, Canada, 2006

B.LPN.4 LPN Workforce by Employment Status, Average Age and Province/Territory of Registration, Canada, 2006

B.LPN.5 LPN Workforce by Employment Status, Years Since Graduation and Province/Territory of Registration, Canada, 2006

B.RN.1 RN Workforce by Employment Status and Province/Territory of Registration, Canada, 2006

B.RN.2 RN Workforce by Employment Status, Multiple Employment Status and Province/Territory of Registration, Canada, 2006

B.RN.3 RN Workforce by Employment Status, Age Group and Province/Territory of Registration, Canada, 2006

B.RN.4 RN Workforce by Employment Status, Average Age and Province/Territory of Registration, Canada, 2006

B.RN.5 RN Workforce by Employment Status, Highest Education in Nursing and Province/Territory of Registration, Canada, 2006

B.RN.6 RN Workforce by Employment Status, Years Since Graduation and Province/Territory of Registration, Canada, 2006

List of Data Tables Available on the CIHI Website (cont'd)

Series B—Employment Status (cont'd)

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