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ISC Nursing Workforce Survey 2023

Final Report

Prepared for Indigenous Services Canada

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Supplier name: EKOS RESEARCH ASSOCIATES INC.

Date: May 2023

This public opinion research report presents the results of an online survey conducted by EKOS Research Associates Inc. on behalf of Indigenous Services Canada (ISC). The research study was conducted with 340 nurses between March 20 and May 3, 2023.

Cette publication est aussi disponible en français sous le titre : Sondage 2023 sur la main d'œuvre en soins infirmiers de Services aux Autochtones Canada (SAC).

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EXECUTIVE SUMMARY

A. BACKGROUND AND OBJECTIVES

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

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

- Gather current information, using survey questions, on the existing ISC nurses’ demographics, job satisfaction and future employment intentions to:
 - Improve upon the current Nursing Health Human Resource Framework (NHHRF) initiatives, including targeted marketing strategies;
 - Inform human resource planning over the next three to five years; and,
 - Inform the process for transfer of healthcare delivery.
- Determine the impact of retention and recruitment initiatives on nurses’ job satisfaction based on the following criteria: healthy workplace, workload, work-life balance, career progression, professional development, safety and security, and leadership training;
- Compare the ISC nursing workforce to the national nursing workforce statistics (i.e. Canadian Institute for Health Information) for nurses working in:
 - A) rural, remote and/or isolated communities; and
 - B) Indigenous communities across Canada.
- Utilize previous survey data to describe the impact of the pandemic on the nursing workforce, comparing indicators (as outlined), highlighting changes which have occurred as a result, and,
- To outline key findings and recommendations for future nursing human resource planning.

B. METHODOLOGY

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

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

340 of the 758 nurses at ISC participated in the survey. Of these, 289 participated online. The overall response rate was 45%. Of the 340 responding nurses, 67 identified as Indigenous. Appendix A provides details of the response rate by region. The survey questionnaire can be found in Appendix B.

C. KEY FINDINGS

Education

Most of the 340 nurses responding to the survey have an undergraduate degree as their highest nursing education level, including a Bachelor of Science in nursing (BScN) or a Bachelor of Nursing (BN) (59%). The remainder primarily have a Masters in nursing (19%) or an RN College Diploma (11%).

Employment

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

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

Workplace

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

Recruitment and Retention

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

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

Job Satisfaction

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

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

About half (52%) of nurses participating in the survey agree they have opportunities to provide input into decisions affecting their work. Satisfaction with the opportunities to participate in policy and practice decisions is even lower, with nearly as many nurses indicating they are dissatisfied (35%) as are satisfied (33%). Again, employees working in clinical care, nursing stations, and working part-time or casual express less satisfaction in these areas.

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

Slightly over half of nurses in the survey are satisfied with the current opportunities for professional development or continuing education, although 25% are dissatisfied. Only one in three (33%) nurses are satisfied with the amount of pay, including base pay and allowances, a notable decrease from 51% in 2020. Nearly half (47%) are satisfied with the benefits, including health and dental coverage they receive; however, this has also decreased from 59% in 2020. Nearly two in three (64%) have experienced pay or other compensation issues within the past three years. Nurses working in clinical care, at a nursing station or health centre with treatment, or are part-time or casual expressed less satisfaction in these areas.

Adequacy of Communications

There is modest satisfaction with the communication received, including being informed by the immediate supervisor (57%), regional office (38%), or national office (28%). About four in five (80%) say they currently communicate in their preferred method of communication, notably through work email (71%, an increase from 57% in 2020).

Information Management and Technology

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

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

Safety and Security

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

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

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

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

TRC Calls to Action

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

Indigenous Traditional Health Knowledge Exchange

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

or health centre with treatment, or are part-time or casual. Less than one in five (16%) are satisfied with the opportunities and support to incorporate traditional medicine into their nursing practice.

D. NOTE TO READERS

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

The study attempted to include all ISC-employed nurses in the study. Therefore, since no random sample was selected, no margin of error should be applied to the final sample in describing the results. To preserve confidentiality, study results were not reported for groups smaller than 20, nor were individual results reported where they represented fewer than ten nurses (i.e., cell sizes smaller than 10). If sub-group differences are not noted in the report, it can be assumed they are either not substantively significant in their variation from the overall result or the difference was deemed to be substantively too small to be noteworthy.

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

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

E. CONTRACT VALUE

The contract value for the POR project is \$48,951.60 (including HST).

Supplier Name: EKOS Research Associates

PWGSC Contract Number: CW2269685

Contract Award Date: January 24, 2023

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

F. POLITICAL NEUTRALITY CERTIFICATION

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

Signed by:



Susan Galley (Vice President)

DETAILED FINDINGS

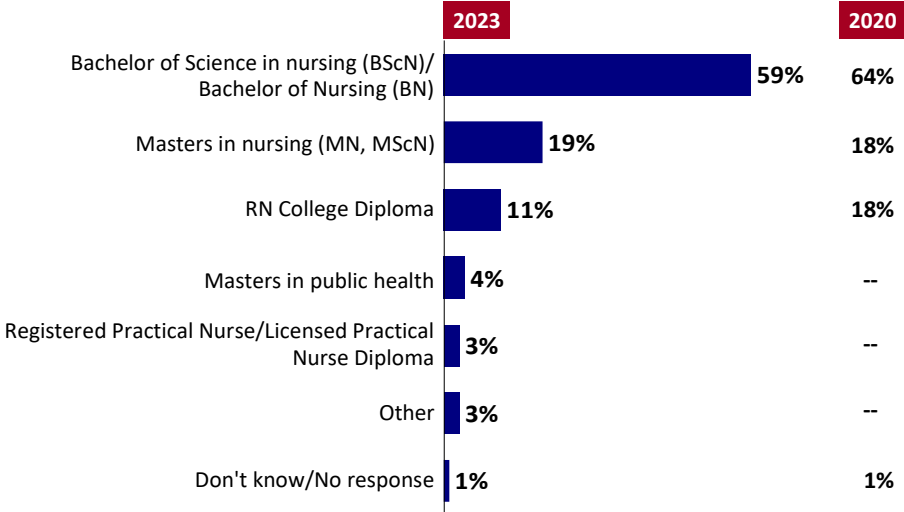
A. EDUCATION

Current Nursing-Related Education

Most of the 340 nurses responding to the survey have an undergraduate degree as their highest nursing education qualification. Nearly three in five (59%) have either a Bachelor of Science in Nursing (BScN) or a Bachelor of Nursing (BN). Nearly one in five respondents have a Masters in Nursing (MN, MScN) (19%), while 11% have an RN college diploma. This 2023 survey question allowed respondents to state any other education qualification level; 4% have a Masters in public health, 3% are Registered Practical Nurses or have a Licensed Practical Nurse Diploma, and 3% indicated some other level of education.

Education qualification levels have changed significantly from the 2006 survey when 41% held an RN diploma.

Chart 1: Current Nursing-Related Education



Q31. What is your highest nursing education qualification level?

Base: n=340

- Responding nurses in the Saskatchewan (61%) or Alberta (57%) regions are more likely than those in other regions to have a Bachelor of Science in Nursing (BScN) degree. Those in Manitoba are more likely to say they have a Bachelor of Nursing (BN) (37%) or RN College Diploma (22%) than other regions.
- Those who are 40 and younger are more apt to have a Bachelor of Science in Nursing (57% of those aged 31 – 40, and 80% of those aged 30 and under), while those aged 51 and over are more apt to have an RN College Diploma (22% to 24%).
- Respondents with a Masters in nursing are apt to be in a management or leadership position (35%) and work in regional, zone or branch offices (28%). Those with an RN college diploma are more likely to work at a nursing station or health centre with treatment (16%).

B. EMPLOYMENT

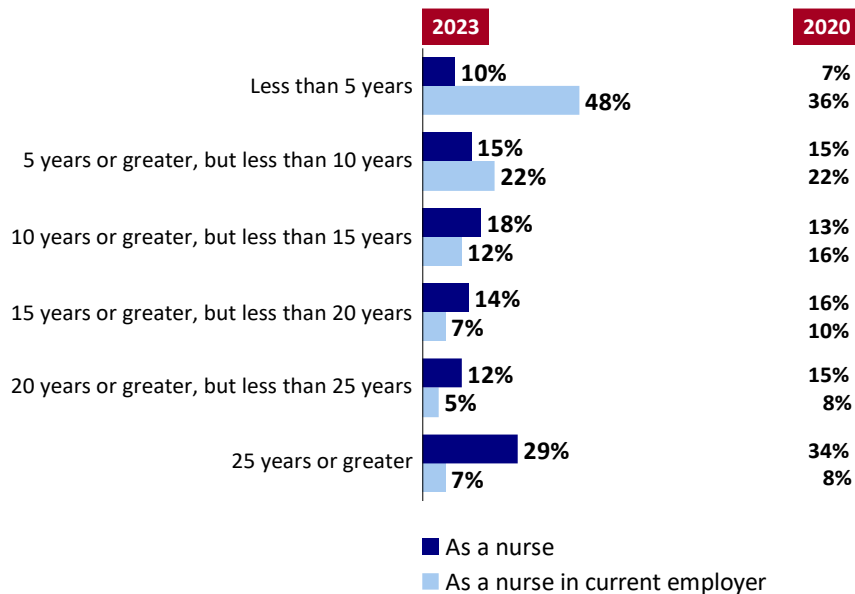
Employment History

Regarding overall employment history in nursing, 29% of nurses responding to the survey have been employed for 25 years or more, a decrease from 34% in 2020. Another 26% have been a nurse for 15 to 25 years, and 33% have been employed for 5 to 15 years. Only 10% have worked as a nurse for less than five years.

Regarding employment with ISC specifically, 48% of respondents have been with ISC for fewer than five years, an increase from 36% in 2020. Another 34% have been with ISC for five to 15 years, 12% have been with the department for 15 to 25 years, and 7% have been with ISC for 25 years or more.

Compared with the 2006 Survey of Nurses, there are fewer longer-term nurses in 2023. The 2023 results of up to ten years of nursing experience are virtually unchanged from the 2006 survey, which reported that 10% were employed as a nurse for fewer than five years and 14% from five to ten years. However, 2006 results demonstrated that 64% of respondents had been employed as a nurse for 15 or more years, compared with 55% in 2023. In terms of working as a nurse, specifically with their current employer, there are more 'newer' employees in 2023 (48% employed with ISC for fewer than five years) compared to 2006 (40% employed by FNIHB for fewer than five years). The remainder of 2006 findings were similar to 2023 in terms of length of time as a nurse with current employer: 22% (22% in 2023) were employed with FNIHB for five to ten years, 12% (12% in 2023) for 10 to 15 years, and 20% (19% in 2023) for 15 years or more.

Chart 2: Employment History



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

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

Base: n=340

- Survey respondents with an RN college diploma are likelier to have been employed as a nurse for 25 years or more (58%). Therefore, they are almost exclusively 51-60 years of age (60%) or 61 and older (84%).
- Nurses in management or leadership positions tend to have been nurses for 15-25 years (23%).
- Indigenous respondents are more likely to have been employed as a nurse by their current employer for 20-25 years (10%) or 25 years or more (13%) compared with non-Indigenous respondents (3% and 5%, respectively).

Just under two in three (60%) nurses responding to the survey work full-time, more than 30 hours per week. Three in ten (29%) are working part-time, while one in ten is in either a casual position (7%) or another (4%) employment arrangement. Over four in five of those responding to the survey (84%) are in an indeterminate position. Results are very similar to 2020, except those in term positions increased to 13% from 7%.

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

Table 1: Employment Status

	Total 2023	Total 2020
<i>Q2. Which of these best describes your current employment status with your current employer?</i>	<i>n=340</i>	<i>n=322</i>
Full-time: regularly working 30 or more hours a week	60%	61%
Part-time: regularly working less than 30 hours a week	29%	30%
Casual position (employment that doesn't exceed 120 hours a year)	7%	4%
Other	4%	5%
<i>Q3. Are you considered to be in an indeterminate, or term position?</i>	<i>n=340</i>	<i>n=322</i>
Indeterminate	84%	89%
Term	13%	7%
Other	2%	2%
Don't know/No response	2%	2%

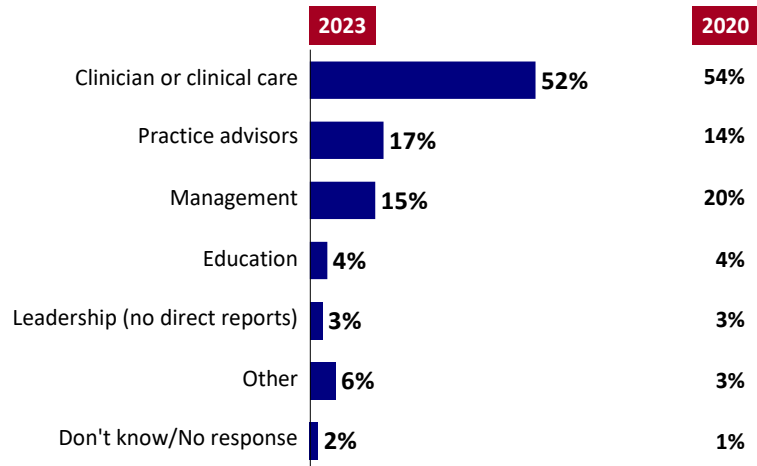
- The incidence of full-time employment is higher among responding nurses from the Saskatchewan, Quebec-Atlantic and NCR Regions (93%-100%) and lowest in Manitoba (37%) and Ontario (49%).
- Nurses working as practice advisors (94%), management and leadership (94%) tend to be employed full-time. Those in clinical care are more likely to report being part-time (50%) or in a casual position (13%). Nurses in a nursing station or health center with treatment also are apt to be part-time (52%) or casual (11%).

Area of Responsibility

Over half (52%) of nurses responding to the survey are employed as clinicians or in clinical care. Nearly two in five are practice advisors (17%), while 15% are in management. Results are relatively similar to 2020.

In 2006, more nurses were in clinical practice (63%) and education (10%).

Chart 3: Area of Responsibility



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

Base: n=340

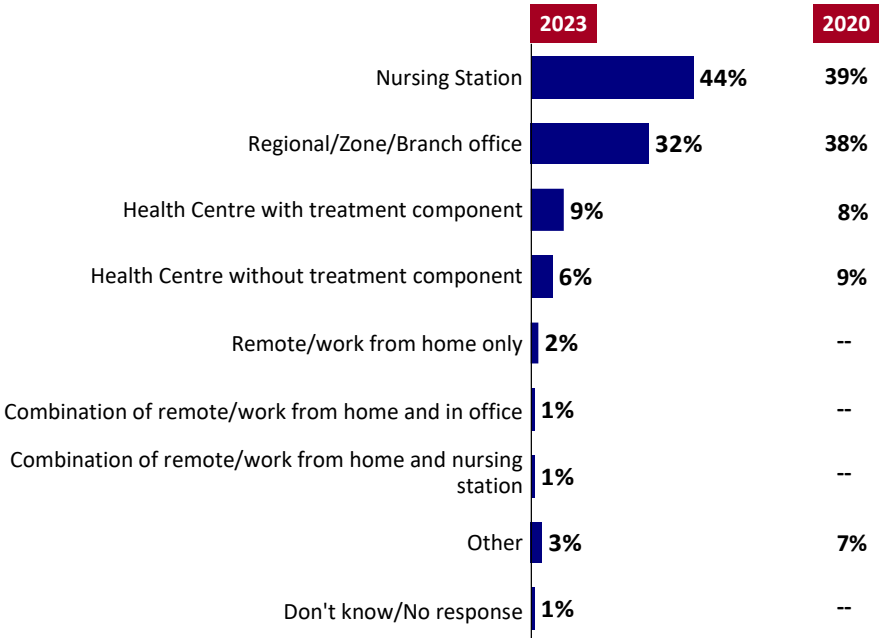
- Responding nurses working in Manitoba (68%) are more likely to be in clinical care than in other regions—those working part-time or casual to be in clinical care (89%).
- Younger nurses (age 30 and under) are more likely than older cohorts to be in clinical care (82%). Those aged 41-50 tend to be practice advisors (24%) or in management (25%).

Workplace

Over two in five nurses responding to the survey work at a nursing station (44%, an increase from 39% in 2020). About one in three are in a Regional, Zone, or Branch Office (32%, a decrease from 38% in 2020). The remainder are located in a health centre either with a treatment component (9%) or without a treatment component (6%).

In 2006, a similar proportion (43%) reported working at a nursing station, although only 23% worked at a regional, zone or branch office. Far more work at a health centre without a treatment component (24%), and 7% worked at a health centre with a treatment component.

Chart 4: Workplace



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

Base: n=340

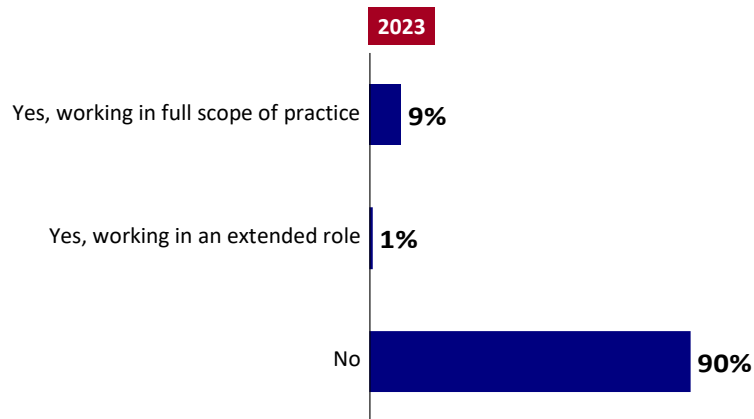
- Responding nurses working at a nursing station are considerably more likely than others to work part-time or casual (84%).
- Those working in a regional/zone or branch office are more likely to work full-time (53%).
- Nursing station workers are more likely to be in Manitoba (74%) or Ontario (58%). Nurses in Alberta (26%) or Saskatchewan (20%) are apt to work in a health center with a treatment component. In comparison, Saskatchewan (34%) is the only region with nurses reporting working in a health center without a treatment component.

- Indigenous respondents are more likely than non-Indigenous to say they work in a health center with (15%) or without (16%) a treatment option.

Nurse Practitioner

One in ten responding nurses works as a Nurse Practitioner in a full scope of practice (9%) or in an extended role (1%).

Chart 5: Nurse Practitioner



Q37d. Are you registered as a Nurse Practitioner?

Base: n=340

- Of all responding nurses with an MN or greater, 33% are registered as Nurse Practitioners.

C. RECRUITMENT AND RETENTION

Motivation for Joining / Staying

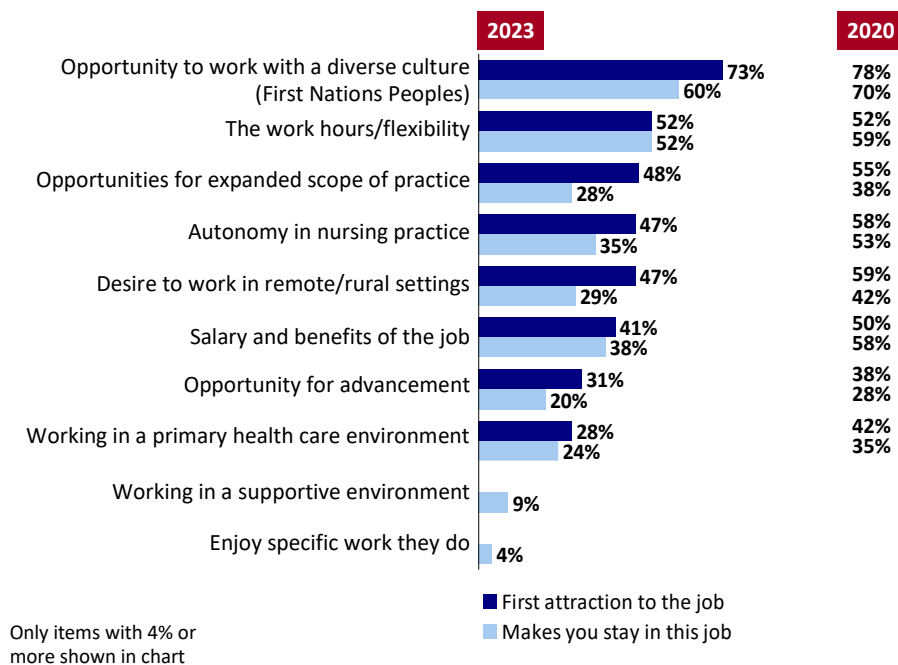
Most nurses responding to the survey were first attracted to their job because of the opportunity to work with a diverse culture (73%); 60% continue to stay with the job for this reason, a decrease from 70% who stayed in their job for this reason in 2020. Just over half were attracted (52%) and stayed (52%) because of the work hours and flexibility, similar to 2020 results. As the chart below demonstrates, all other motivations experienced a decrease from 2020. A significant divide is seen with the opportunities and expanded scope of practice (this first attracted 48%, but only 28% stayed for this reason, likely because their employment lifecycle has progressed).

Less than half were first attracted by (47%) and continue to stay (35%) with the job because of the autonomy it affords. In comparison, 47% were attracted to the job because of a desire to work in remote or rural settings; far fewer (29%) continue to stay for this reason. Two in five (41%) were first attracted to the job because of the salary and benefits; a similar proportion (38%) stayed for this reason. Just under one in three nurses said this about opportunities for advancement (31% were first attracted to the opportunities, but only 20% stayed for this reason).

Over one in four (28%) were first attracted to the job to work in a primary healthcare environment, and 24% continue.

The motivation to work with a diverse culture remains up considerably from 2006 when 54% were attracted, and 49% stayed for it.

Chart 6: Motivation for Joining / Staying



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

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

Base: n=340

- Responding nurses currently working in clinical care, at a Nursing station or Health center with treatment, as well as those working part-time, are more likely than other nurses in the survey to have been attracted or kept their position because of the ability to work in a primary health care environment (35%-37%), the desire to work in remote or rural settings (58%-61%), or opportunities for expanded scope of practice (56%-64%).
- Those in management or leadership positions, working in a Regional, Zone or Branch office, or employed full-time are more apt to have been attracted or stay for opportunities for advancement (39%-46%).
- Nurses in Manitoba (62%) or Ontario (56%) are more likely than those in other regions to say the opportunities for expanded scope of practice attracted them. Those in Ontario (59%) were apt to cite their desire to work in remote/rural settings.
- Men (44-52%) are more likely than women (21-25%) to say they were attracted to or stay in their job because of the opportunity to work in a primary health care environment.
- Indigenous nurses are more likely to say they were attracted to (13%) or stay (10%) in their job because of their ability to work in their home community, First Nation, or close to their partner, compared to non-Indigenous nurses (0% to 2%).

Unchanged from 2020, over one in three nurses responding to the survey (35%) plan to leave their current employer in the next three years. However, fewer have no plans to leave their employer (36% compared to 46% in 2020), and more are unsure (29% compared to 18% in 2020). Of those planning to leave, over one in three (36%) expect to leave within the year, an increase from 23% in 2020. Another 38% expect to leave within one or two years, and 18% say it will be three years. Although 38% plan to retire, about one in five intend to leave for a different job (22%). Other reasons indicated by about one in ten include poor management practices (13%) or poor working conditions (11%).

Table 2: Seeking Changes

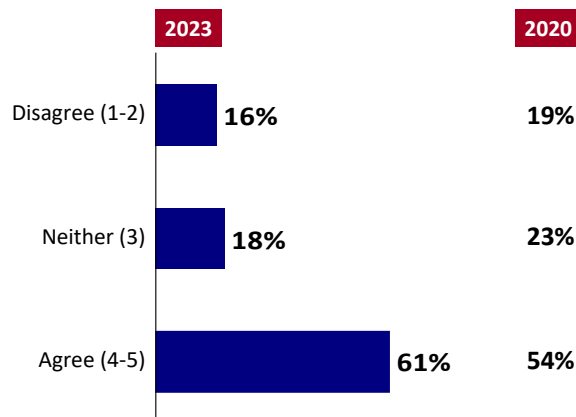
	Total 2023	Total 2020
<i>Q7. Do you currently have any plans to leave your current employment within the next three years, either to retire or for other reasons?</i>	<i>n=340</i>	<i>n=322</i>
Yes	35%	36%
No	36%	46%
Don't know/No response	29%	18%
<i>Q7b. What is your expected timeframe for leaving?</i>	<i>n=114</i>	<i>n=109</i>
Less than 1 year	36%	23%
1 year	19%	13%
2 years	19%	25%
3 years	18%	19%
Don't know/No response	8%	20%
<i>Q7c. What is the main reason you intend to leave?</i>	<i>n=114</i>	<i>n=109</i>
Retirement	38%	44%
Different job	22%	17%
Poor management practices	13%	--
Poor working conditions	11%	--
Issues with salary/pay	6%	--
Stay at home/parental leave	4%	--
Attend school/returning to studies	3%	--
Term assignment/contract ending	2%	--
Relocation	1%	--
Dissatisfied with current position	--	21%
Other	1%	16%
Don't know/No response	--	1%

- Responding nurses currently working in clinical care, at a Nursing station or Health center with treatment, or working part-time are more likely to say they have plans to leave within three years (41% - 45%). Congruently, nurses aged 61 and over (72%) are more likely to have plans to leave in the next three years, with those in a Regional, Zone or Branch office more likely to say they intend to leave due to retirement.
- Nurses in Manitoba (44%) are more likely than those in other regions to say they plan to leave in the next three years. Although a low sample size, those in Ontario (17%, 6 out of 35 nurses in Ontario responding to the follow-up question) are more likely than those in other regions (0 – 8%) to say they intend to leave due to issues with salary, pay, unpaid work, or missing pay.

Impact of Staff Turnover

Three in five nurses responding to the survey (61%) agree the quality of their work suffers because of high staff turnover. This result is a notable increase from 54% in 2020. Less than one in five (16%) disagree, and another 18% indicated a more neutral response.

Chart 7: Impact of Staff Turnover



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

Base: n=340

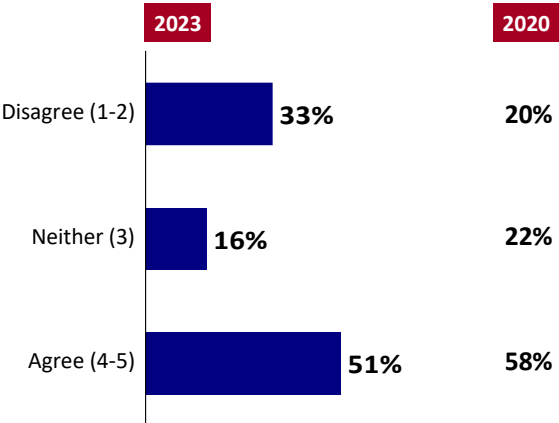
- Nurses currently working in clinical care (66%), at a nursing station or health center with treatment (69%), or are not employed full-time (68%), are more likely than other nurses in the sample to feel the quality of work suffers because of high staff turnover.

D. JOB SATISFACTION

Perceived Value

Just over half (51%) of the nurses responding to the survey feel valued at work, compared to 58% in 2020. One in three (33%) disagree that they feel valued.

Chart 8: Perceived Value



QJS18. Please indicate whether you agree or disagree with the following: Overall, I feel valued at work.

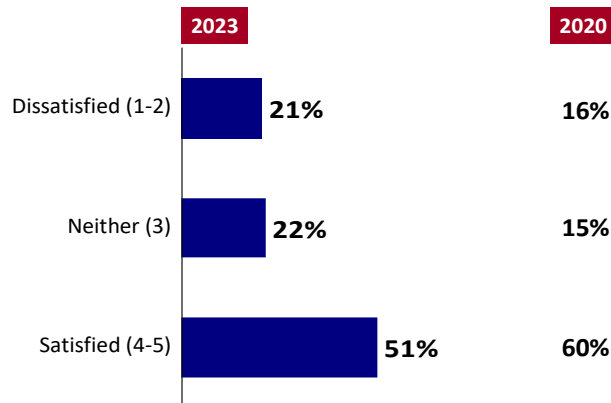
Base: n=340

- Responding nurses working in clinical care (37%), at a nursing station or treatment center (40%), or not working full time (43%) are less likely than others to feel valued at work.
- Regionally, those in the NCR (68%) are more likely to say they feel valued; those in Manitoba (41%) are least likely.

Satisfaction with Quality of Care

Half (51%) of responding nurses are satisfied with their ability to deliver quality care. This result is a decrease from 60% in 2020 and a further downward trend from 2006 when 69% of nurses were satisfied with their ability to deliver quality care.

Chart 9: Satisfaction with Quality of Care



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

Base: n=340

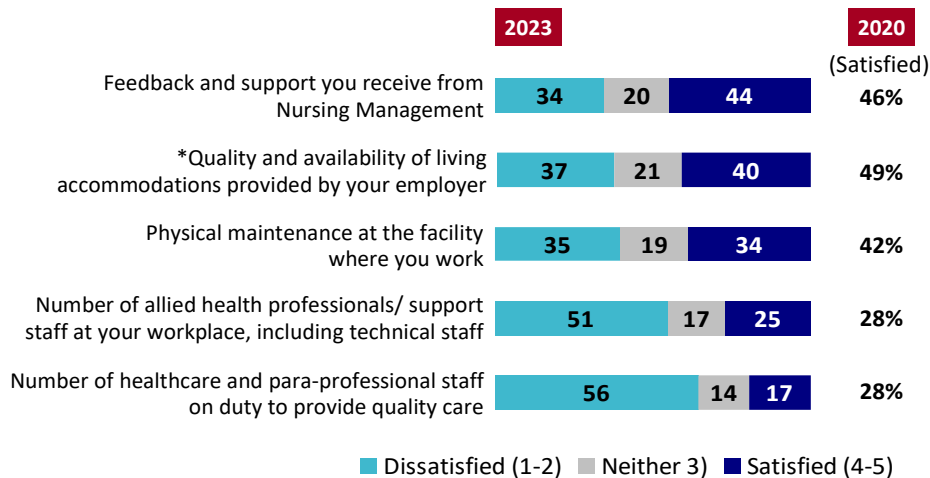
- Dissatisfaction with the ability to deliver quality care is higher among nurses currently working in clinical care (30% dissatisfied), at a nursing station or health center with treatment (31%), and those who are not full-time (36%), compared with other nurses in the sample.
- Regionally, dissatisfaction is higher in Manitoba (34% dissatisfied). Those in Alberta (74%) and Saskatchewan (71%) are most satisfied.
- Indigenous nurses are more likely to be satisfied with their ability to provide quality care (71%) than non-Indigenous nurses (46%).

Satisfaction with Job Support

Satisfaction with various aspects of job support was measured. Fewer than half of the nurses responding to the survey are satisfied with the feedback and support they receive from nursing management (44%). One in three are satisfied with the physical maintenance at their work facility (34%), a decrease from 42% in 2020. Only one-quarter of nurses indicate they are satisfied with the number of allied health professionals or support staff at their workplace, including technical staff (25%). Fewer nurses are satisfied with the number of healthcare and paraprofessional staff on duty to provide quality care (17%, down from 28% in 2020), with a considerably large proportion dissatisfied (56%).

Among only nurses working in Nursing stations, two in five (40%) are satisfied with the quality and availability of living accommodations provided by their employer, a decrease from 49% in 2020.

Chart 10: Satisfaction with Job Support



QJ55,7,8,12,13. Please rate the extent to which you are satisfied or dissatisfied with each of the following aspects of your current workplace.

Base: n=340 – * n=109

- Consistent with other results, dissatisfaction rates are generally higher among nurses responding to the survey who currently work in clinical care, at a nursing station or health center with treatment, and are employed part-time or casual.
- Among those working in nursing stations, those in Ontario (49%) express higher dissatisfaction with living accommodations than those in Manitoba (24%) or Alberta (20%).

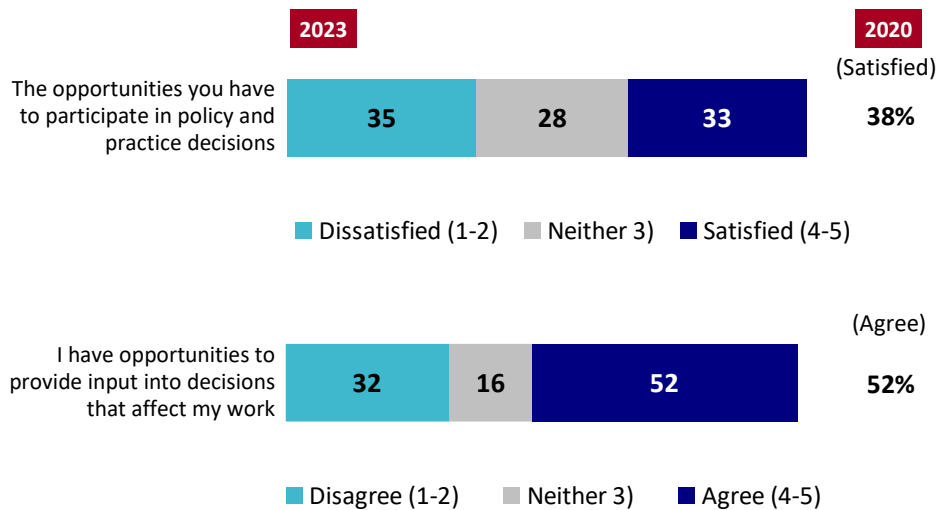
- Indigenous nurses are more likely to be satisfied with the physical maintenance at the facility where they work (51%), the number of allied health professionals and support staff at their workplace (36%), and the number of healthcare and para-professional staff on duty to provide quality care (34%) compared with non-Indigenous nurses.

Satisfaction with Level of Influence

Over half (52%) of nurses participating in the survey agree they have opportunities to provide input into decisions affecting their work, although nearly one in three (32%) disagree.

Satisfaction with the opportunities to participate in policy and practice decisions is lower, with as many nurses indicating they are dissatisfied as satisfied. Satisfaction in this area decreased from 38% in 2020 to 33%. However, fewer nurses were satisfied in 2006 when 24% of nurses were satisfied, but 51% were dissatisfied.

Chart 11: Satisfaction with Level of Influence



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

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

Base: n=340

- Responding nurses working as practice advisors or educators (59%), in management or leadership positions (55%), working in a regional, zone or branch office (58%), in the NCR (65%) or working full-time (48%) tend to be more satisfied with the opportunities to participate in policy and practice decisions. Those in clinical care (14%), at a nursing station

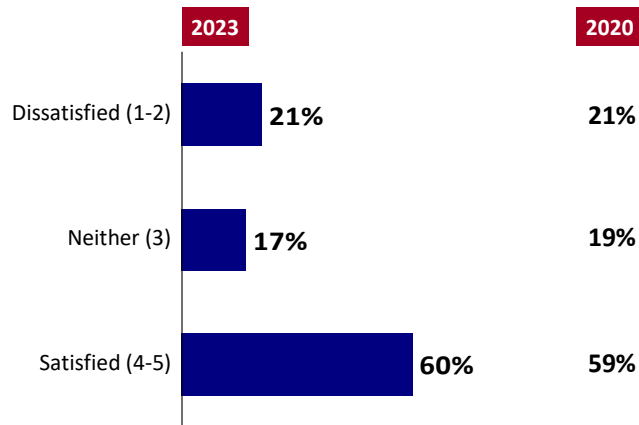
or health center with treatment (18%) or working part-time or casual (11%) are least satisfied. Regionally, those in Manitoba are less satisfied (16%) than those in other regions.

- This pattern is repeated for satisfaction with opportunities to provide input to decisions.

Satisfaction with Work-Life Balance

Six in ten (60%) nurses responding to the survey are satisfied with their family and work-life balance, while one in five are neutral (17%) or dissatisfied (21%). This is consistent with the 2020 results. By comparison, in 2006, 46% of nurses were satisfied with their family and work-life balance, and 38% were dissatisfied.

Chart 12: Satisfaction with Work-Life Balance



QJS1. Please rate the extent to which you are satisfied or dissatisfied with the following aspects of your current workplace: your family/work-life balance.

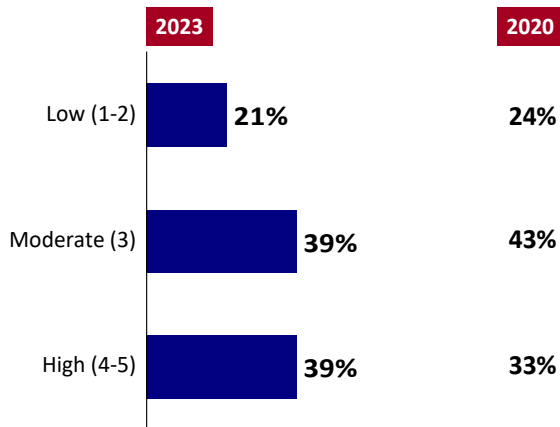
Base: n=340

- Responding nurses who are currently working in clinical care (27% dissatisfied), at a Nursing station or Health center with treatment (32% dissatisfied) or employed part-time or casual (26% dissatisfied) are less likely to be satisfied than other nurses in the survey.

Degree of Work-Related Stress

Nearly two in five (39%) nurses participating in the survey say they regularly have a high level of work-related stress. This is an increase from 33% in 2020. An equal proportion (39%) report a moderate stress level, while one in five (21%) say their stress level is low.

Chart 13: Degree of Work-Related Stress



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

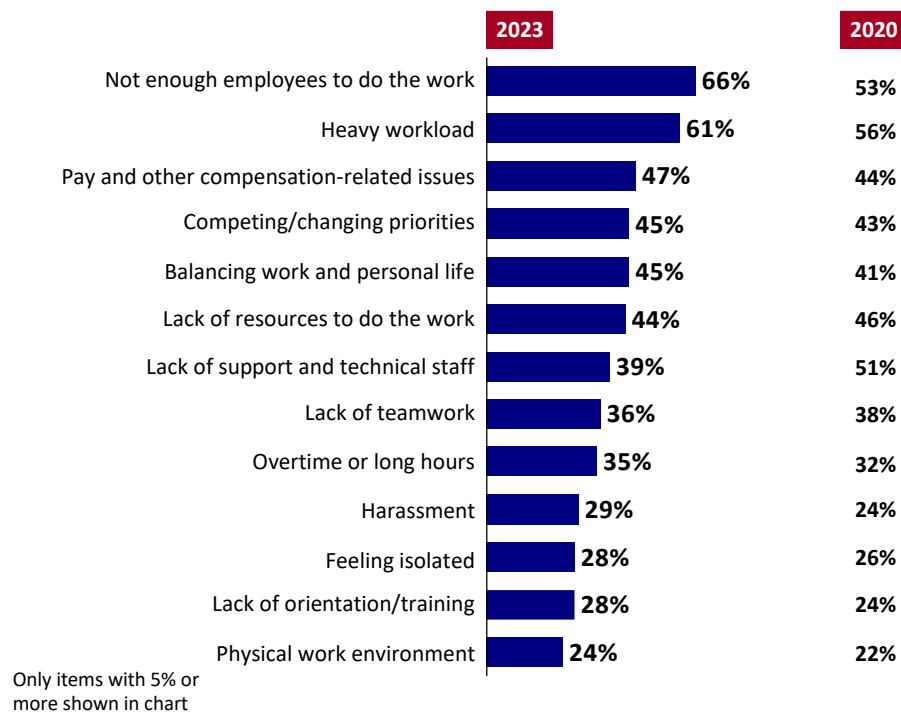
Base: n=340

- Nurses responding to the survey who are working in clinical care (47% high stress), at a nursing station or health center with treatment (47%) or are employed part-time or casual (50%) are more likely than other nurses to rate their stress high.
- Additionally, nurses in Manitoba (55%) are more likely than nurses in any other region to say they regularly have high stress.

Sources of Stress

All nurses responding to the survey were asked to indicate sources of their workplace stress. The top sources identified are not enough employees to do the work (66%, an increase from 53% in 2020), and heavy workload (61%, up from 56% in 2020). Just less than half cite pay and other compensation issues (47%), competing or changing priorities (45%), or lack of resources to do the work (44%). Roughly one in three identify a lack of support and technical staff (39%, a decrease from 51% in 2020), lack of teamwork (36%), or overtime or long hours (35%) as a source of stress. About one in four report harassment (29%), feeling isolated (28%), lack of orientation and training (28%) or the physical work environment (24%) as sources of stress on a regular basis.

Chart 14: Sources of Stress



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

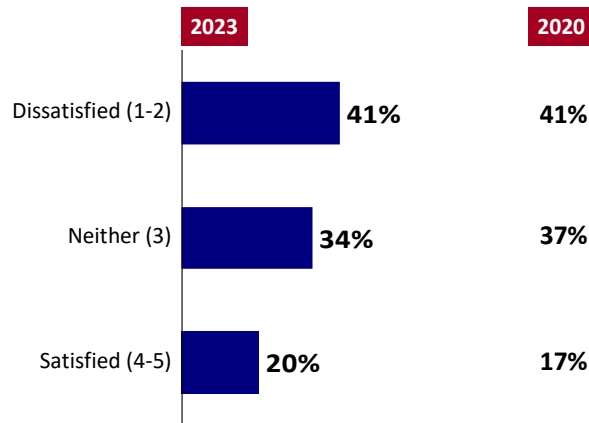
Base: n=340

- Responding nurses who work in clinical care, at a nursing station or health center with treatment, along with those who are part-time or casual, are more likely than other nurses to cite most of the listed factors as sources of stress.

Satisfaction with Stress Relief Efforts

Only one in four nurses responding to the survey (20%) say they are satisfied with the quality and availability of resources to help relieve stress at their workplace. More than double the number (41%) rate themselves as dissatisfied, and one in three are neutral (34%). Results are relatively consistent with the 2020 survey.

Chart 15: Satisfaction with Stress Relief Efforts



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

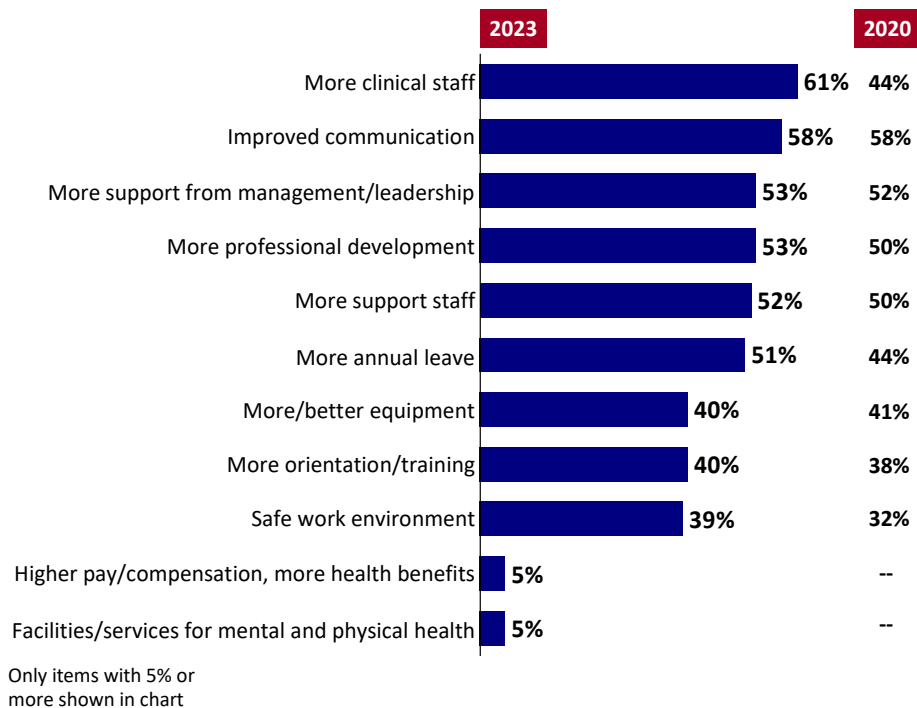
Base: n=340

- More than half of participating nurses who are currently working in clinical care (51% dissatisfied), work at a nursing station or health center with treatment (53%), or are part-time or casual (55%) are dissatisfied.
- Regionally, those in Manitoba are more likely to be dissatisfied (53%) than those in other regions.

Suggested Areas for Stress Relief Efforts

Nurses responding to the survey often point to increasing the number of clinical staff as the most useful effort to relieve stress (61%, an increase from 44% in 2020), along with improved communication (58%). About half also report support needed from management or leadership (53%), professional development (53%), more support staff (52%), or more annual leave (51%, an increase from 44% in 2020) would help to relieve stress. Two in five suggest more or better equipment (40%), more orientation or training (40%), or a safe work environment (39%). Other suggestions to relieve stress were described verbatim in comments and were related to higher pay, more health benefits (5%) or facilities or services for mental and physical health (5%).

Chart 16: Suggested Areas for Stress Relief Efforts



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

Base: n=340

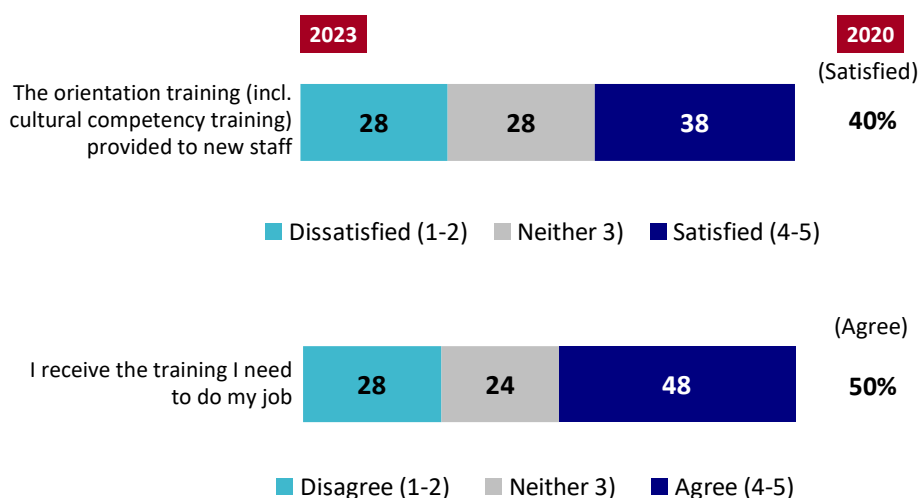
- Responding nurses who are currently working in clinical care, work at a nursing station or health center with treatment, or are part-time or casual are more likely than others to suggest most supports to relieve stress.
- Regionally, nurses in Manitoba are more likely to suggest the most support than those in any other region.

- Indigenous nurses are apt to indicate they would like more orientation/training to relieve stress (55%) compared with non-Indigenous nurses (36%).

Satisfaction with Training and Orientation

Almost half (48%) of nurses responding to the survey agree they receive the training they need to do their job, although 28% disagree. Even fewer (38%) nurses are satisfied with the orientation training they receive, including cultural competency training provided to new staff. Satisfaction with training and orientation is relatively similar to 2020 results.

Chart 17: Satisfaction with Training and Orientation



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

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

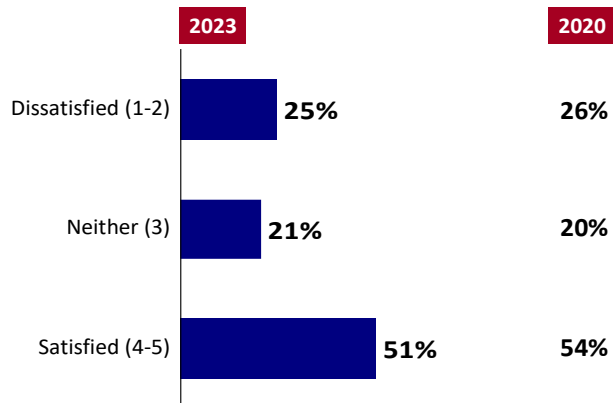
Base: n=340

- Nurses in Atlantic Canada (54%) and Ontario (50%) are more likely to be satisfied with their orientation training than those in other regions.
- Those in Manitoba expressed the lowest satisfaction (38%) of any region in receiving the training needed to do their job.
- Indigenous nurses are less satisfied with the orientation training provided to new staff (25%) than non-Indigenous nurses (41%).

Satisfaction with Professional Development

Just over half (51%) of nurses are satisfied with the current opportunities for professional development or continuing education, and 25% are dissatisfied. This remains slightly higher, however than in 2006, when 48% of nurses were satisfied and 38% were dissatisfied.

Chart 18: Satisfaction with Professional Development



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

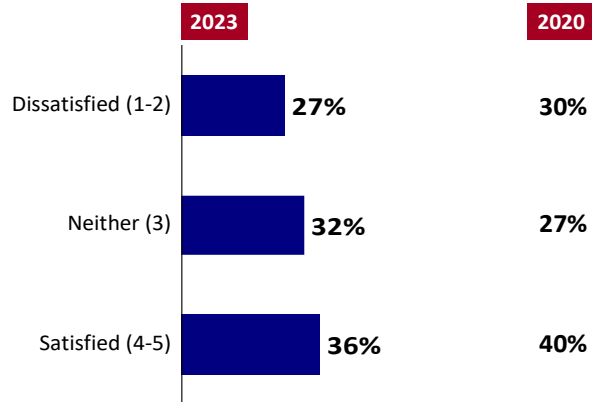
Base: n=340

- Women (54%) are more likely than men (40%) to be satisfied with professional development.
- Responding non-Indigenous nurses (56%) are more likely to be satisfied with professional development than Indigenous nurses (39%).

Satisfaction with Leadership Development

Nearly four in ten (36%) are satisfied with the current opportunities for nursing leadership development, although 27% are dissatisfied. In 2020 and 2006, a similar proportion (40%) also reported satisfaction.

Chart 19: Satisfaction with Leadership Development



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

Base: n=340

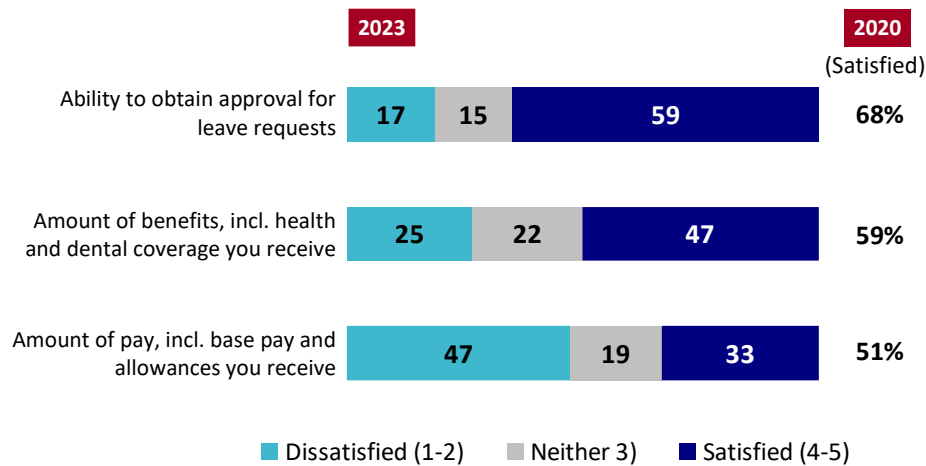
- Nurses who are in management or leadership (60%); work in a regional, zone or branch office (44%); or are employed full-time (42%) are more likely to be satisfied.
- Indigenous nurses are less satisfied with their current opportunities for nursing leadership development (26% satisfied) than non-Indigenous nurses (39%).

Satisfaction with Pay and Benefits

Three in five (59%, a decrease from 68% in 2020) responding nurses are satisfied with their ability to obtain approval for leave requests in their current workplace. Nearly six in ten (47%, down from 59% in 2020) are satisfied with the benefits, including health and dental coverage they receive. One in three (33%, a notable decrease from 51% in 2020) of the nurses responding to the survey indicated they are satisfied with the amount of pay, including base pay and allowances, and a higher proportion, 47%, are dissatisfied.

In 2006, 72% were satisfied with the amount of pay they received¹. In 2006, 70% were satisfied with the benefits they received².

Chart 20: Satisfaction with Pay and Benefits



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

Base: n=340

- Responding nurses who are practice advisors/educators; in management or leadership; work in a regional, zone or branch office; or are employed full-time are more likely to be satisfied with both the benefits and ability to receive leave requests. Nurses currently working in clinical care (56% dissatisfied), at a nursing station or health center with

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

² The question did not specify health and dental coverage.

treatment (57%), or who are part-time or casual (58%) express the highest dissatisfaction with the amount of pay they receive.

- Nurses in Saskatchewan are least satisfied (33%) with their ability to obtain approval for leave requests.
- Indigenous nurses report higher satisfaction with the benefits, including health and dental coverage, they receive (60%) compared with non-Indigenous respondents (45%).

Payroll Issues

Nearly two in three (64%) nurses participating in the survey have experienced pay or other compensation issues within the past three years, a decrease from 70% in 2020. The types of issues reported by this 64% include errors in processing pay information (53%), being underpaid (47%, a decrease from 60% in 2020), missing regular payments (34%, down from 42% in 2020), being overpaid (33%), or errors related to a change in position or department (32%). Over one in ten experienced errors in leave credits (18%), missing or long delays in receiving funds (11%) or complex pay (10%).

The compensation issues have been resolved for only 30% of nurses reporting payroll issues. The issue is unresolved for 28%, and another 41% are unsure or indicate it is in progress. Half (51%, down from 64% in 2020) are dissatisfied with the support they received to resolve the compensation issues.

Table 3: Degree and Nature of Payroll Issues Experienced

	Total 2023	Total 2020
<i>QPS1. Have you experienced any pay or other compensation issues within the past three years?</i>	<i>n=340</i>	<i>n=322</i>
Yes	64%	70%
No	30%	23%
Unsure, it depends	6%	7%
<i>QPS2. What type of issues have you experienced?</i>	<i>n=340</i>	<i>n=247</i>
Errors in processing pay information	53%	51%
Underpaid	47%	60%
Missing regular payment	34%	42%
Overpaid	33%	31%
Errors related to change in position/department	32%	33%
Errors in leave credits	18%	18%

	Total 2023	Total 2020
Missing/extremely long delays receiving reimbursements/allowances	11%	--
Complex/lack of transparency of pay	10%	--
Missing/extremely long delays in receiving over time payment	9%	--
Extremely long delays to receive payment, takes months to resolve issues (general)	6%	--
Errors in pension deductions	6	10%
Lack of access/ transparency (pay stub information)	--	8%
Late payments, long waits for compensation	--	6%
Other	5%	4%
No response	3%	5%
QPS3. Have these issues been resolved?	n=340	n=247
Yes	30%	30%
No	28%	36%
Unsure, in progress	41%	33%
QPS4. How satisfied are you with the support you have received in trying to resolve these issues?	n=340	n=247
Dissatisfied (1-2)	52%	64%
Neither (3)	28%	22%
Satisfied (4-5)	16%	11%
Not applicable	2%	3%
Don't know/ No response	3%	1%

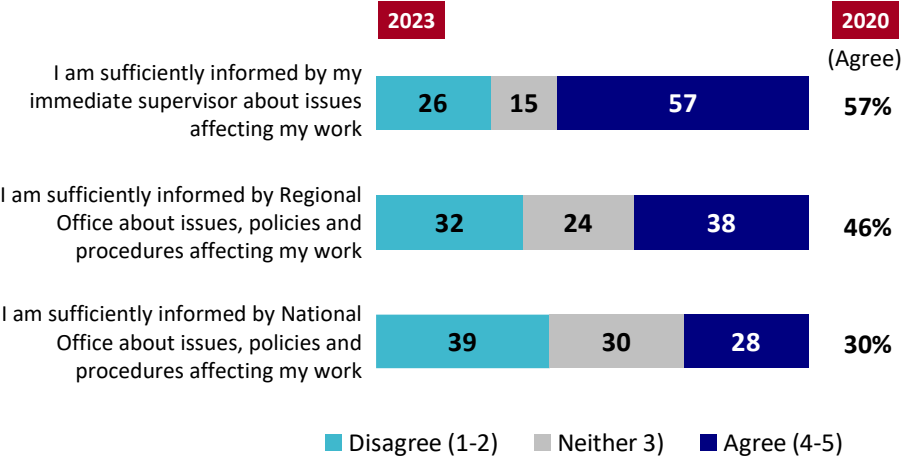
- Responding nurses who are currently working in clinical care (70%), work at a Nursing station or Health center with treatment (73%), or are part-time or casual (77%) are more likely than others to say they experienced compensation issues.
- Those in Ontario (74%) are more likely to say they have experienced pay or compensation issues than those in other regions.
- Those working in clinical care are more likely to say the errors are in processing pay information (60%) than those with other areas of responsibility (38%-50%).
- Nurses with an MN or greater are apt to have been underpaid (62%) or missed a regular payment (50%) than those with other nursing education levels.

E. ADEQUACY OF COMMUNICATIONS

Adequacy of Communications

Satisfaction with communication decreases with the distance from the source. Just over half of nurses (57%) participating in the survey agree their immediate supervisors sufficiently inform them about issues affecting their work, although 26% disagree. Fewer feel adequately informed by policy or procedural information coming from the Regional Office, with a decrease in agreement from 46% in 2020 to 38%. Regarding information from the National Office, slightly more than one in four respondents agree they are informed (28%), and a higher proportion disagrees (39%).

Chart 21: Adequacy of Communications



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

Base: n=340

- Responding nurses who are currently working in clinical care (35% disagree), work at a nursing station or health center with treatment (33%), or are part-time or casual (34%) are more likely to disagree that their immediate supervisor sufficiently informs them.

Barriers to Communicating At Work

Nearly three in four participating nurses (71%) report using a work email as their primary communication method, a notable increase from 57% in 2020. One in five (18%) say they use personal email, an observed decline from 24% in 2020. Most nurses (80%, an increase from 69%) responding to the survey agree the tool they currently use is their preferred method to receive policy updates and announcements from their employer.

Of the 9% indicating they would prefer to communicate through an alternative method, these methods primarily include personal e-mail (37%), work e-mail (36%), or a work phone (17%).

Table 4: Methods of Communicating About Work-Related Issues

	Total 2023	Total 2020
<i>QCM1. What is the primary method you use to communicate with your workplace?</i>	<i>n=340</i>	<i>n=322</i>
Work e-mail	71%	57%
Personal e-mail	18%	24%
Work phone	4%	9%
Personal phone	3%	6%
MS TEAMS	1%	--
Other method	3%	4%
<i>QCM2. Is this your preferred method of communication with your employer regarding new / changes in policies, events/announcements?</i>	<i>n=340</i>	<i>n=322</i>
Yes	80%	69%
No	9%	20%
Unsure, it depends	11%	11%
<i>QCM3. How would you prefer to communicate with your workplace to obtain information?</i>	<i>n=31</i>	<i>n=59</i>
Personal e-mail	37%	--
Work e-mail	36%	47%
Work phone	17%	--
In person, face to face/meetings	6%	20%
Other method	4%	27%
No response	0%	6%

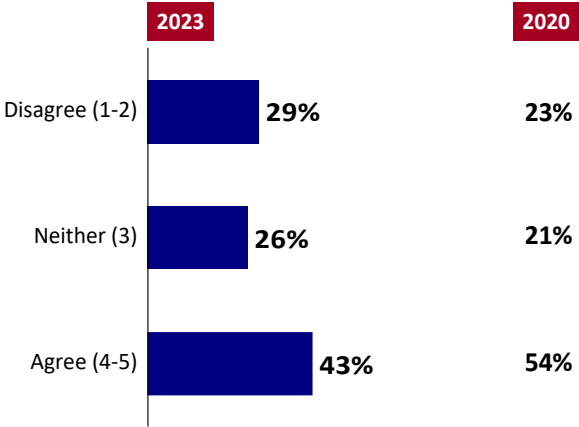
- Those working as practice advisors or educators (90%), in management or leadership positions (87%), working in a regional, zone or branch office (93%) or working full-time (85%) are more likely to say their primary method to communicate with their workplace is work e-mail.
- Responding nurses who are currently working in clinical care (33%), work at a nursing station or health center with treatment (33%), or are part-time or casual (41%) are more likely to use personal e-mail as their primary method.

F. ISSUES RELATED TO INFORMATION MANAGEMENT AND TECHNOLOGY

Degree of Issues with IM/IT

Over two in five (43%) responding to the survey agree their quality of work suffers due to a lack of access to technology. This level of agreement has decreased from 54% in 2020. Over one in four provided either a neutral rating (26%) or said the quality of their work does not suffer due to lack of access (29%).

Chart 22: Degree of Issues with IM/IT



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

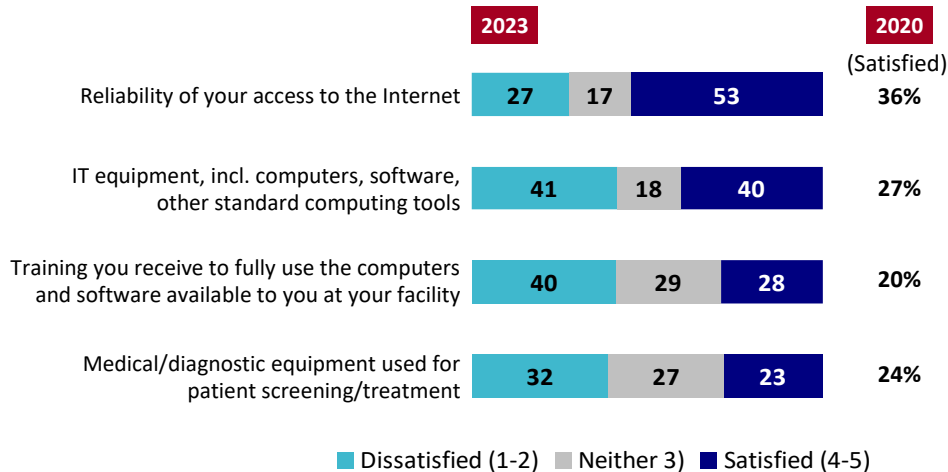
Base: n=340

- Responding nurses who are currently working in clinical care (54%), work at a Nursing station or Health center with treatment (56%), or are part-time or casual (55%) are more likely to agree with this statement.

Satisfaction with IM/IT Service and Support

Participating nurses rated their satisfaction with various aspects of existing IT services and support at their workplace. Overall, satisfaction has increased since 2020 for three out of the four aspects. Over half (53%) of nurses responding to the survey say they are content with the reliability of their internet access, an increase from 36% in 2020. Two in five are satisfied with their IT equipment, such as computers or software (40%, an increase from 27%); however, a similar proportion remains dissatisfied. Only about one in four are satisfied with the training they receive to use these tools (28%, an increase from 20% in 2020) and the medical diagnostic equipment used for patient screening and treatment (23%, essentially unchanged from 24% in 2020).

Chart 23: Satisfaction with IM/IT Service and Support



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

Base: n=340

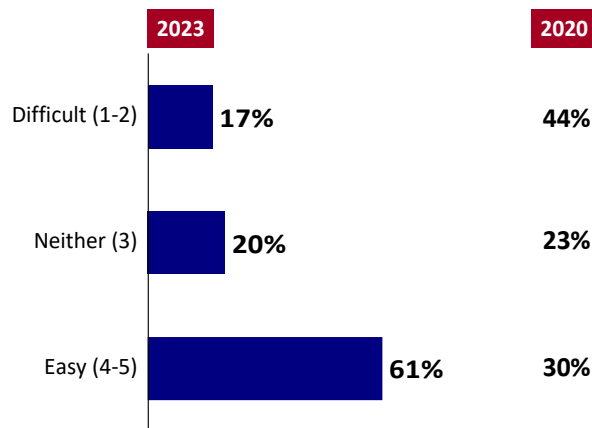
- Dissatisfaction with IT equipment is highest among participating nurses employed at a nursing station or health center with treatment (51%), among those working in clinical care (53%), and those employed part-time or casual (52%). Dissatisfaction with internet reliability is also highest among these segments (34% to 38% dissatisfied).
- Conversely, satisfaction with IT equipment is comparatively greater among participating nurses working in regional, zone or branch offices (46%), in management (45%) or practice advisory roles (41%), along with full-time employees (37%). Satisfaction with internet reliability also follows a similar pattern (55% to 61%).

- Regionally, those in Atlantic Canada (85% satisfied) and Saskatchewan (68%) are more likely to be satisfied with IT equipment than those in other regions. Satisfaction with the reliability of internet access is lowest in Ontario (38% dissatisfied). Nurses in Manitoba are more likely to be dissatisfied with their training (56% dissatisfied) than those in any other region.

Ease of Access to IM/IT Support

More than three in five (61%) nurses responding to the survey say it is easy to submit a request for IT support at their workplace. This represents a two-fold increase from 2020, when 30% said it was easy.

Chart 24: Ease of Access to IM/IT Support



QIT5. How easy or difficult is the process for submitting a request for IT support in your workplace?

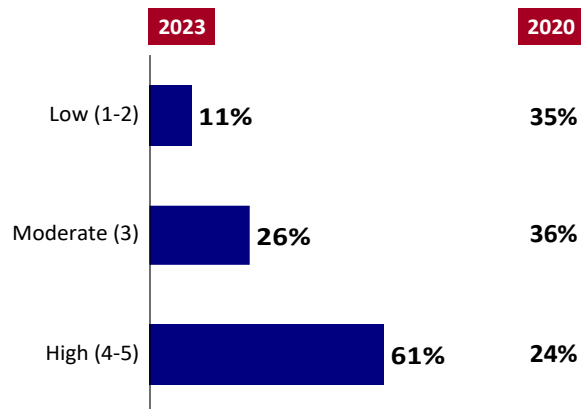
Base: n=340

- Those working as practice advisors or educators (72%), in management or leadership positions (72%), working in a regional, zone or branch office (70%) or working full time (67%) are more likely to say it is easy.

Responsiveness of IM/IT Support Services

Regarding the responsiveness of IT staff when addressing a submitted request, three in five (61%) nurses responding to the survey described it as high. This suggests a vast improvement from 2020, when only 24% said IT support staff was highly responsive.

Chart 25: Responsiveness of IM/IT Support Services



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

Base: n=340

- Responsiveness of IT staff does not vary significantly by subgroup.

G. ISSUES RELATED TO SAFETY AND SECURITY

Nurses had the opportunity to identify multiple safety and security concerns that have had a negative impact on their sense of personal safety at the workplace. Results highlight that over half of nurses responding to the survey are negatively impacted by insufficient staff (55%, an increase from 46% in 2020). Slightly fewer feel that the level or quality of staff (46%) or physical work environment (41%) has an adverse impact. One in three (32%) say they have received verbal threats from patients or their family members, and nearly one in five (18%) have encountered physical threats from patients or their family members. A similar proportion (17%) voiced concern over the location of their facility within the community. One in ten (10%) report verbal threats from other staff members. One in five (21%) report no security concerns.

Table 5: Nature of Safety & Security Concerns

	Total 2023	Total 2020
<i>QSS1. Which of the following, if any, have had an adverse impact on your sense of personal safety and security at work?</i>	<i>n=340</i>	<i>n=322</i>
Not enough staff	55%	46%
The level or quality of staff	46%	41%
The physical work environment	41%	47%
Verbal threats from patients/family members	32%	30%
Physical threats from patients/family members	18%	16%
The location of the facility in the community	17%	15%
Verbal threats from other staff	10%	9%
Security staff do not show up for shifts/leave during their shifts	4%	--
Physical threats from other staff	3%	4%
Bullying/intimidation/harassment/discrimination/micro aggressions by staff/management	3%	--
Lack of maintenance/upkeep of facilities	2%	--
Lack of support from management/regional office	2%	--
Travel issues	2%	--
Security issues with nursing residences	2%	--
Security does not address concerns/disregard complaints, no one accountable	1%	--
Slow/no response from police	1%	--
Wild dogs/animals	1%	--

	Total 2023	Total 2020
Parking lots are dangerous	1%	--
They were physically assaulted, not only threatened	1%	--
Location hazards (e.g., distance to parking, outside lighting)	--	6%
More effective response from management	--	4%
Other safety/security concerns	1%	1%
No safety and security issues	21%	8%
Don't know/No response	6%	17%

- Responding nurses who are currently working in clinical care, work at a nursing station or health center with treatment, or are part-time or casual are more likely to say most factors have had an adverse impact on their sense of personal safety and security at work.
- Nurses in Manitoba are more likely than those in other regions to say most of the main factors have had an adverse impact.

Fewer nurses say they have participated in Nursing Safety Awareness Training (NSAT) in 2023 (53%), compared with 2020 (72%) and 2006 (62%). In terms of the degree of the positive contribution this has made to their sense of safety and security at work, however, results are varied. One in five responding nurses who took the training described the impact as positive (20%, compared with 29% in 2020), and a higher proportion describes there being little (29%) or moderate (39%) impact.

Table 6: Participation in & Impact of NSAT

	Total 2023	Total 2020
<i>QSS2. Have you participated in Nursing Safety and Awareness Training (NSAT)?</i>	<i>n=340</i>	<i>n=322</i>
Yes	53%	72%
No	33%	24%
Do not recall / No response	14%	5%
<i>QSS3. Do you feel that this has made a positive contribution to your personal safety and security at work?</i>	<i>n=340</i>	<i>n=230</i>
Low (1-2)	29%	29%
Moderate (3)	39%	36%
High (4-5)	20%	29%
Don't know/ No response	12%	6%

- Participating nurses working full-time (60%) are more likely to say they participated in NSAT training than those who work part-time or casual (43%).
- Regionally, nurses in Saskatchewan (93%) are much more likely to say they participated in training than those in other regions; those in Ontario are least likely to say they have participated (37%).
- Nurses aged 51-60 (63%) and 61 and over (78%) are more likely to say they have participated in NSAT training than their younger counterparts. Only 10% of those aged 30 or younger have participated.
- Indigenous nurses are more likely to have participated in NSAT (63%) than non-Indigenous respondents (50%).
- Responding nurses who are currently working in clinical care (38% low), work at a nursing station or health centre with treatment (38%), or are part-time or casual (42%) are more likely to feel the training has had a low positive impact.

Awareness of Occupational and Critical Incident Stress Management (OCISM) resources available at their workplace is high (81%, although a decrease from 91% in 2020) among nurses responding to the survey. A new question in 2023, nearly half (46%) of nurses indicate they have participated in OCISM training. Of those who participated, just over one in four (28%) say their work environment allows them to practice the skills obtained from the OCISM training. One in five (19%) indicate that access to OCISM services has increased their intention to stay.

Table 7: Participation in & Satisfaction with OCISM

	Total 2023	Total 2020
<i>QSS4. Are you aware of Occupational and Critical Incident Stress Management (OCISM) resources at your place of work?</i>	<i>n=340</i>	<i>n=322</i>
Yes	81%	91%
No	10%	7%
Do not recall / No response	9%	2%
<i>QSS2B. Have you participated in Occupational and Critical Incident Stress Management (OCISM) training, like resilience training?</i>	<i>n=340</i>	<i>n=322</i>
Yes	46%	--
No	41%	--
Do not recall / No response	13%	--
<i>QSS3B. To what extent do you feel your work environment allows you to practice the skills you obtained in your OCISM training?</i>	<i>n=159</i>	<i>n=322</i>
Low (1-2)	17%	--
Somewhat (3)	46%	--
High (4-5)	28%	--
Don't know/ No response	10%	--
<i>QSS6. Has access to OCISM services ever increased your intention to stay?</i>	<i>n=340</i>	<i>n=322</i>
Yes	19%	--
No	56%	--
Not sure	25%	--

- Those in management or leadership positions (67%) are more likely than others to say they have participated in OCISM training.

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

Table 8: Participation in & Satisfaction with NSRC

	Total 2023
<i>QSS7. Are you aware of the Nursing Services Response Centre (NSRC) and its services to ISC Nurses?</i>	<i>n=340</i>
Yes	75%
No	17%
Not sure	8%
<i>QSS8. Have you used the services of the NSRC in the last year?</i>	<i>n=254</i>
Yes	72%
No	27%
Not sure	2%
<i>QSS9. How satisfied are you with the services you received from the NSRC?</i>	<i>n=179</i>
Dissatisfied (1-2)	4%
Neither (3)	11%
Satisfied (4-5)	84%
<i>QS108. Would you recommend the services of the NSRC to your colleagues?</i>	<i>n=179</i>
Yes	90%
No	5%
Not sure	5%

- Indigenous nurses are less likely to be aware of the NSRC (66%) or satisfied with the services received from the NSRC (78%) compared to non-Indigenous nurses (78% and 89%, respectively).

H. AWARENESS OF TRC CALLS TO ACTION

Two in three nurses responding to the survey (66%) have been informed by their employer about the TRC Calls to Action. The remainder have either not been informed (14%) or are unsure (20%). In terms of the result of any positive changes to their workplace, fewer than one in five (17%) report a high impact, one-third (30%) report a moderate impact, and less than one-quarter (23%) describe the impact as low.

Table 9: Awareness of TRC Calls to Action

	Total 2023	Total 2020
<i>QCM5. Have you been informed by your employer about the Truth and Reconciliation (TRC) Calls to Action?</i>	<i>n=340</i>	<i>n=322</i>
Yes	66%	60%
No	14%	19%
Unsure/Do not recall	20%	21%
<i>QCM6. Have you experienced any changes in your workplace as a result of the Truth and Reconciliation (TRC) Calls to Action?</i>	<i>n=340</i>	<i>n=203</i>
Low (1-2)	23%	27%
Moderate (3)	30%	37%
High (4-5)	17%	15%
Don't know/ No response	30%	21%

- Responding nurses working in management or leadership roles (82%), those in regional, zone or branch offices (81%), along with those working full-time (73%), are more likely to report having been informed about the TRC Calls to Action.
- Regionally, those in Manitoba are least likely to have been informed of this initiative (47%).
- Indigenous nurses are less likely to say their employer informed them about the TRC Calls to Action (51%) than non-Indigenous nurses (69%).
- Nurses working as practice advisors or educators (33%) and those working in regional, zone or branch offices (27%) are more likely to say the TRC Calls to Action have resulted in positive changes in their workplace.

I. INDIGENOUS TRADITIONAL HEALTH KNOWLEDGE EXCHANGE

According to survey results, nearly three in four nurses responding to the survey (71%) have a strong understanding of the terms Indigenous cultural awareness, safety and humility. The remainder rate their understanding as moderate (25%) or low (3%). Nearly one in four nurses (23%) report frequent access to language interpreters to provide Indigenous client care. Fewer than one in five say they have access to interpreters some of the time (14%), occasionally (14%) or rarely (17%). Responses are varied in terms of satisfaction with the degree of opportunity and support for using traditional medicine in their practice. Less than one in five are satisfied (16%), and one in three (32%) are dissatisfied.

Table 10: Use of Indigenous Traditional Health at Work

	Total 2023	Total 2020
<i>QIK1. To what extent would you say you are aware of (i.e., have an understanding of) the terms Indigenous cultural awareness, safety humility?</i>	<i>n=340</i>	<i>n=322</i>
Low (1-2)	3%	5%
Moderate (3)	25%	22%
High (4-5)	71%	72%
<i>QIK2. How often do you have access to language interpreters when required to provide client care?</i>	<i>n=340</i>	<i>n=322</i>
All or most of the time	23%	28%
Some of the time	14%	16%
Occasionally	14%	7%
Rarely or never	17%	15%
Not applicable	28%	27%
Don't know/prefer not to say	5%	6%
<i>QIK3. How satisfied are you with number of opportunities and degree of support in your work environment to incorporate traditional medicine into your nursing practice?</i>	<i>n=340</i>	<i>n=322</i>
Dissatisfied (1-2)	32%	27%
Neither (3)	26%	28%
Satisfied (4-5)	16%	21%
Not applicable	17%	17%
Don't know/ No response	9%	7%

- Indigenous nurses (88%) are more likely than non-Indigenous nurses (66%) to say they are aware of the terms Indigenous cultural awareness, safety, and humility.
- Responding nurses who are currently working in clinical care (31%), work at a Nursing station or Health center with treatment (33%), or are part-time or casual (36%) are more likely to say they have access to language interpreters when required to do patient care.

APPENDICES

A. METHODOLOGICAL DETAILS

Following is a breakdown of the 340 nurses responding to the survey by region and age group, as well as by gender and Indigenous status. Results presented in this table and the remainder of the report are weighted by region to reflect the distribution of the 758 nurses at ISC. Results presented for the region in the table below are unweighted (i.e., reflecting the actual proportion of nurses responding to the survey before weighting).

Compared to the results of the 2020 survey, there are slightly more younger nurses in the current results (9% compared to 5% of age 30 and younger, 22% compared to 18% aged 31-40). Slightly fewer nurses aged 61 years and older cohort (down to 11% from 17%) demonstrate the most notable difference (4% or more) between the two data collection periods.

Table 11: Sample Characteristics

	2023 Total	2020 Total
<i>Region (unweighted)</i>	<i>n=340</i>	<i>n=340</i>
Atlantic	4%	4%
Quebec	4%	5%
NCR	11%	10%
Ontario	33%	30%
Manitoba	21%	19%
Saskatchewan	12%	15%
Alberta	14%	17%
<i>QAGE. What is your age group?</i>	<i>n=340</i>	<i>n=340</i>
30 or younger	9%	5%
31-40	22%	18%
41-50	27%	25%
51-60	28%	31%
61 or older	11%	17%
Prefer not to specify	3%	3%

	2023 Total	2020 Total
<i>QGEND. What is your gender?</i>	<i>n=340</i>	<i>n=340</i>
Male	10%	13%
Female	85%	84%
Prefer not to specify	4%	2%
<i>QABO. Do you self-identify as an Aboriginal person?</i>	<i>n=340</i>	<i>n=340</i>
Yes	20%	21%
No	76%	74%
Prefer not to specify	4%	4%

Following is the response rate for the survey by region:

Table 12: Response Rate Details

Region	Population	Completed	Response %
Atlantic	17	13	2.2%
Quebec	22	13	2.9%
National Capital Region (NCR)	64	37	8.4%
Ontario	264	112	34.8%
Manitoba	209	73	27.6%
Saskatchewan	77	41	10.2%
Alberta	105	47	13.9%
Prefer not to specify		4	
Total	758	340	45%

B. SURVEY QUESTIONNAIRE

PINTRO

Name: _____
 Primary: _____
 Secondary: _____

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

You should have recently received a letter from ISC informing you of the survey and the reasons for undertaking this initiative. The survey will take about 30 minutes to complete and your responses will be kept strictly confidential.

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

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

Did you receive this letter?

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

Yes 1
 No 2

PRE1

Yes PINTRO

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

(IF PREFER ONLINE) We would have sent you an email invitation to the survey on <date>, but I will also send you one now and you can use either one to go to the link in the email.

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

SCRN1

No PINTRO

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

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

SCRN2

No SCR1

The survey will take about 30 minutes to complete and your responses will be kept strictly confidential. Would you be available now to take part in the survey?

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

SCRN3

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

CLICK "CONTINUE" TO RETURN TO INTRODUCTION	1
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WINTRO

Web Intro

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

You should have recently received a letter from ISC informing you of the survey and the reasons for undertaking this initiative. The survey will take about 24 minutes to complete and

your responses will be kept strictly confidential. You can start the survey and come back to it later if you don't have enough time right now.

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

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

A few reminders before beginning:

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

PRIV

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

1 - Employment profile

Q1

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

<[PHONE]Prompt if needed>

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

Q1A

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

<[PHONE]Prompt if needed>

Q1 >= 1	
Less than 1 year	1
Q1 >= 2	
1 year or greater, but less than 2 years	2
Q1 >= 3	
2 years or greater, but less than 3 years	3
Q1 >= 4	
3 years or greater, but less than 5 years	4
Q1 >= 5	
5 years or greater, but less than 10 years	5
Q1 >= 6	
10 years or greater, but less than 15 years	6
Q1 >= 7	
15 years or greater, but less than 20 years	7
Q1 >= 8	
20 years or greater, but less than 25 years	8
Q1 >= 9	
25 years or greater	9
Don't know/No response	99

Q1A5 [1,12]

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

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

Opportunities for expanded scope of practice	1
Opportunity for advancement	2
Desire to work in remote/rural settings	3
Opportunity to work with a diverse culture (First Nations Peoples)	4
Working in a primary health care environment	5
Autonomy in nursing practice	6

Salary and benefits of the job	7
The work hours/flexibility	8
Other, specify :	77
Don't know/No response	99

Q1A6 [1,12]

What aspects keep you working as an employee in this job

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

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

Q2

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

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

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

Q3

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

Indeterminate	1
Term	2
Other, specify :	77
Don't know/No response	99

Q4

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

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

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

Q5

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

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

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

Q37D

Are you registered as a Nurse Practitioner?

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

Q7

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

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

Q7B

Yes Q7

What is your expected timeframe for leaving?

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

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

Q7C

Yes Q7

What is the main reason you intend to leave?

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

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

2 - Education Profile

Q31

The following questions are about your educational background.

What is your highest nursing education qualification level?

<[PHONE]Read list if necessary>

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

3 - Job Satisfaction

PJS1

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

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

JS1

Your family/work life balance

JS2

Your current opportunities for professional development/continuing education

JS3

Your current opportunities for nursing leadership development

JS5

The feedback and support you receive from Nursing Management

JS9

The opportunities you have to participate in policy and practice decisions

JS11

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

JS4

Your ability to deliver quality care

JS7

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

JS8

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

JS12

The physical maintenance at the facility where you work

JS13

Nursing Station Q5

The quality and availability of living accommodations provided by your employer

JS14

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

JS15

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

JS16

The ability to obtain approval for leave requests

PJS17

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

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

JS18

Overall, I feel valued at work

JS19

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

JS20

I receive the training I need to do my job

JS21

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

JS22

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

JS23

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

JS17

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

JS24

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

4 – Information Technology (IT)

PIT1

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

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

IT1

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

IT2

Clinician or clinical care Q4

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

IT3

The reliability of your access to the Internet

IT4

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

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

IT5

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

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

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

IT6

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

Not at all responsive 1	1
2	2
Moderately responsive 3	3
4	4

Very responsive	5
Don't know/ No response	99

5 - Payroll System

PS1

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

Yes	1
No	2
Unsure, it depends	99

PS2 [1,9]

What type of issues have you experienced?

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

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

PS3

Have these issues been resolved?

Yes	1
No	2
Unsure, in progress	99

PS4

How satisfied are you with the support you have received in trying to resolve these issues?

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

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

6 – Communications & Policy Awareness

CM1

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

<[PHONE]Prompt if needed>

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

CM2

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

Yes	1
No	2
Unsure, it depends	99

CM3

Not preferred method of communicating, QCM2

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

<[PHONE]Prompt if needed>

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

CM5

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

Yes	1
No	2
Unsure/Do not recall	99

CM6

Yes were informed of TRC Calls to Action, CM5

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

No positive impact at all 1	1
2	2
A moderate positive impact 3	3
4	4
A strong positive impact 5	5

Don't know/ No response 99

7 - Safety & Security

QSS1 [1,12]

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

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

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

QSS2

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

Yes	1
No	2
Do not recall / No response	99

QSS3

Yes QSS2

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

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

QSS2b

Have you participated in Occupational and Critical Incident Stress Management (OCISM) **training**, like resilience training?

Yes	1
No	2
Do not recall / No response	99

QSS3b

Yes QSS2b

To what extent do you feel your work environment allows you to practice the skills you obtained in your OCISM training? <[PHONE]Would you say (read list)>

Not at all	1
2	2
Somewhat	3
4	4
To a great extent	5
Don't know/ No response	99

QSS4

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

Yes	1
No	2
Not sure	99

QSS6

Has access to OCISM services ever increased your intention to stay?

Yes	1
No	2
Not sure	99

QSS7

Are you aware of the Nursing Services Response Centre (NSRC) and its services to ISC Nurses?

Yes	1
No	2
Not sure	99

QSS8

Yes QSS7

Have you used the services of the NSRC in the last year?

Yes	1
No	2
Not sure	99

QSS9

Yes QSS8

How satisfied are you with the services you received from the NSRC? <[PHONE]Would you say (read list)>

Very dissatisfied 1	1
2	2

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

QSS9

Yes QSS8

Would you recommend the services of the NSRC to your colleagues?

Yes	1
No	2
Not sure	99

8 - Stress

QST1 [1,15]

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

<[PHONE]Read list> Select all that apply

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

QST2

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

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

Very low	1
Low	2
Moderate	3
High	4
Very high	5
Don't know/prefer not to say	99

QST3

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

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

QST4 [1,10]

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

<[PHONE]Read list> Select all that apply

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

9 – Indigenous Traditional Health Knowledge

QIK1

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

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

QIK2

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

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

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

QIK3

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

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

10 – Socio-demographics

QAGE

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

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

QGEND

What is your gender?

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

QABO

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

Yes	1
No	2
Prefer not to specify	99

THNK

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

C. KEY REGIONAL RESULTS BY THEMATIC AREA

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

Table 13: Key Regional Results by Thematic Area

	Total	AB	SK	MB	ON	NCR	QC/ATL
<i>n</i> =	340	47	41	73	112	37	26
EDUCATION							
Q31 What is your highest nursing education qualification level?							
RN College Diploma	34 11%	NA	NA	16 22%	10 9%	NA	NA
Bachelor of Nursing (BN)	58 18%	NA	NA	27 37%	12 11%	NA	NA
Bachelor of Science in nursing (BScN)	142 41%	27 57%	25 61%	18 25%	52 46%	14 38%	NA
EMPLOYMENT							
Q2 Which of these best describes your current employment status with your current employer.							
Full-time: regularly working 30 or more hours a week	216 60%	33 70%	38 93%	27 37%	55 49%	36 97%	25 97%
Q4 Which of the following areas best describes your primary area of responsibility?							
Clinician or clinical care	168 52%	23 49%	19 46%	50 68%	65 58%	NA	NA
Q5 Which of the following types of facilities best describes your primary place of work?							
Nursing Station	135 44%	10 21%	NA	54 74%	65 58%	NA	NA

	Total	AB	SK	MB	ON	NCR	QC/ATL
n=	340	47	41	73	112	37	26

RECRUITMENT & RETENTION

Q1A5. What aspects of your current job first attracted you to it?

Opportunities for expanded scope of practice	155 48%	17 36%	NA	45 62%	63 56%	15 41%	NA
Desire to work in remote/rural settings	156 47%	16 34%	17 41%	37 51%	66 59%	15 41%	NA

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

Yes	114 35%	17 36%	10 24%	32 44%	35 31%	12 32%	NA
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JOB SATISFACTION

Please indicate whether you agree or disagree with the following.

<i>QJS18 Overall, I feel valued at work</i>	177 51%	30 64%	19 46%	30 41%	53 47%	25 68%	18 70%
Agree (4-5)							

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

<i>QJS4 Your ability to deliver quality care</i>	175 51%	35 74%	29 71%	33 45%	48 43%	15 41%	14 53%
Satisfied (4-5)							

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

<i>QJS5 The feedback and support you receive from Nursing Management</i>	154 44%	21 45%	16 39%	20 27%	62 55%	18 49%	17 67%
Satisfied (4-5)							
<i>QJS7 The number of healthcare and para-professional staff on duty to provide quality care</i>	61 17%	14 30%	14 34%	10 14%	15 13%	NA	NA
Satisfied (4-5)							
<i>QJS8 The number of allied health professionals and support staff at your workplace, including technical staff</i>	88 25%	18 38%	16 39%	12 16%	21 19%	NA	12 47%
Satisfied (4-5)							

	Total	AB	SK	MB	ON	NCR	QC/ATL
<i>n=</i>	340	47	41	73	112	37	26
<i>QJS12 The physical maintenance at the facility where you work Satisfied (4-5)</i>	117 34%	24 51%	25 61%	27 37%	20 18%	NA	15 59%
Please rate the extent to which you are satisfied or dissatisfied with each of the following aspects of your current workplace:							
<i>QJS9 The opportunities you have to participate in policy and practice decisions Satisfied (4-5)</i>	119 33%	17 36%	11 27%	12 16%	43 38%	24 65%	12 46%
Please indicate whether you agree or disagree with the following.							
<i>QJS19 I have opportunities to provide input into decisions that affect my work Agree (4-5)</i>	183 52%	25 53%	23 56%	27 37%	63 56%	24 65%	19 74%
QST2 All things considered, how would you rate your level of regular work-related stress?							
High (4-5)	126 39%	20 43%	10 24%	40 55%	41 37%	NA	NA
QST4 Which of the following would be useful to you in helping to relieve stress?							
More support staff	172 52%	23 49%	18 44%	50 68%	57 51%	NA	NA
More clinical staff	196 61%	24 51%	17 41%	56 77%	78 70%	16 43%	NA
More/better equipment	130 40%	18 38%	NA	37 51%	52 46%	12 32%	NA
Improved communication	194 58%	25 53%	22 54%	50 68%	63 56%	20 54%	12 44%
Safe work environment	124 39%	16 34%	NA	38 52%	50 45%	NA	NA
More support from management/ leadership	176 53%	24 51%	19 46%	52 71%	50 45%	19 51%	NA

	Total	AB	SK	MB	ON	NCR	QC/ATL
n=	340	47	41	73	112	37	26

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

<i>QJS11 The orientation training (including cultural competency training) provided to new staff</i> Satisfied (4-5)	129 38%	13 28%	10 24%	23 32%	56 50%	14 38%	13 50%
<i>QJS20 I receive the training I need to do my job</i> Agree (4-5)	167 48%	21 45%	20 49%	28 38%	58 52%	17 46%	21 81%

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

Yes	215 64%	26 55%	19 46%	48 66%	83 74%	19 51%	17 66%
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IM/IT

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

<i>QIT1 The IT equipment, including computers, software, other standard computing tools</i> Satisfied (4-5)	146 40%	22 47%	28 68%	19 26%	39 35%	20 54%	16 59%
<i>QIT3X The reliability of your access to the Internet</i> Satisfied (4-5)	183 53%	30 64%	28 68%	35 48%	51 46%	21 57%	16 60%
<i>QIT4 The training you receive to fully use the computers and software available to you at your facility</i>	97 28%	17 36%	10 24%	15 21%	33 29%	11 30%	10 35%

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

Not enough staff	176 55%	25 53%	NA	53 73%	73 65%	11 30%	NA
The level or quality of staff	144 46%	18 38%	NA	49 67%	56 50%	NA	NA
The physical work environment	130 41%	14 30%	12 29%	44 60%	47 42%	10 27%	NA
Verbal threats from patients/ family members	99 32%	15 32%	NA	40 55%	31 28%	NA	NA

	Total	AB	SK	MB	ON	NCR	QC/ATL
<i>n=</i>	340	47	41	73	112	37	26
Physical threats from patients/ family members	53 18%	NA	NA	27 37%	13 12%	NA	NA
QSS2 Have you participated in Nursing Safety and Awareness Training (NSAT)?							
Yes	182 53%	27 57%	38 93%	42 58%	41 37%	16 43%	16 63%
QCM5 Have you been informed by your employer about the Truth and Reconciliation (TRC) Calls to Action?							
Yes	230 66%	35 74%	30 73%	34 47%	79 71%	29 78%	22 83%